

**REQUEST FOR LETTER OF RECOMMENDATION – VSLO**

Letter Writer: \_\_\_\_\_

Student Name: \_\_\_\_\_

Thank you for agreeing to write a letter of recommendation in support of my Visiting Student Learning Opportunities (VSLO) application. Please follow the steps below.

1. Address the letter to “Dear Elective Director.” An individualized salutation is not necessary.
2. Include in your letter whether I have or have not waived my right to see this letter (see below).
3. Please note how long you have known me and in what capacity. Please indicate your perception of my intellectual capability, communication skills (oral and written), and the quality of my previous work (my ability to apply learned skills and to what level of competency). It will also be helpful to comment on my reliability, dependability, and resourcefulness; motivation, initiative, and assertiveness; and my professional promise.
4. Print on letterhead paper and send along with this cover sheet to

UWSOM Registration & Scheduling  
Attn: VSLO Coordinator  
[somreg@uw.edu](mailto:somreg@uw.edu) (preferred) or fax: 206-616-3341

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**TO THE STUDENT:**

Under the Family Educational Rights and Privacy Act (FERPA), students have the right to review their educational record. You may choose to waive this right for this specific letter of recommendation.

Please initial ONE:

\_\_\_\_\_ I waive my right to access this letter of recommendation.

\_\_\_\_\_ I do not waive my right to access the reference letter.

I request that the University of Washington School of Medicine upload my letter of recommendation to the Visiting Student Learning Opportunities (VSLO) program for the purpose of applying for away rotations. I will not hold the University of Washington or its agents responsible for the letter’s contents or outcomes.

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Student signature\*

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Date

\*Original signature required. Typed signatures – even if the font is in script form – are not accepted.