



REQUEST FOR LETTER OF RECOMMENDATION FOR VISITING/AWAY ELECTIVE

Letter Writer: _____

Student Name: _____

TO THE LETTER WRITER:

- Address the letter to “Dear Elective Director.” An individualized salutation is not necessary.
- Include in your letter whether the student has or has not waived their right to see this letter (see below).
- Your letter should include how long you have known the student and in what capacity. Please indicate your perception of their intellectual capability, communication skills (oral and written), and the quality of their previous work (their ability to apply learned skills and to what level of competency). It will also be helpful to comment on their reliability, dependability, and resourcefulness; motivation, initiative, and assertiveness; and professional promise.
- Please place your letter of recommendation on letterhead and email it, along with this request form, to:

UWSOM Registration & Scheduling
Attn: VSLO Coordinator
somreg@uw.edu

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 review this letter of recommendation.

_____ I do not waive my right to review this letter of recommendation.

I request that the University of Washington School of Medicine upload this letter of recommendation to the Visiting Student Learning Opportunities (VSLO) program/or release it to the non-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.

Student signature*

Date

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