



**International American University-College of Medicine**

**Office of Admissions**

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Toll Free 1-888-440-4474 or 972-484-9700 Fax 972-484-9970

**Letter of Recommendation Form**

**Part I: To be completed by student**

Applicant Name: \_\_\_\_\_ Date of request: \_\_\_\_\_  
Last First M.I.

Study Abroad Program: \_\_\_\_\_

Application Deadline: \_\_\_\_\_

Evaluator Name: \_\_\_\_\_

*Applicant: Please check the appropriate box below.*

- I *waive* my right to access the information obtained in this reference, which is to be placed in my IAU College of Medicine office file, and I agree that it shall remain confidential.
- I *do not waive* my right to access the information obtained in this reference, which is to be placed in my IAU College of Medicine office file.

**Applicant Signature:**

**Date**

**Part II: To be completed by evaluator**

*Recommender: This applicant is applying join International American University College of Medicine. Please provide specific examples that evaluate this applicant's aptitude for medicine. If you prefer, you may attach a letter of recommendation on letterhead to this form. Include in your comments any insights into the applicant's abilities as listed below. We would appreciate your assessment of the applicant's attributes. When complete, Please email this form to IAU at [lor@iau.edu.lc](mailto:lor@iau.edu.lc) or fax it to (972)484-9970.*

1. Basis and extent of your acquaintance with the applicant.
2. Please indicate the applicant's academic attributes. You may elaborate in the comments section if necessary.

	Top 10%	Top 25%	Top 50%	Top 75%	N/A
Intellectual Ability					
Career Potential in Health Care					
Acceptance of new ideas					
Intellectual Curiosity					

3. Please indicate your assessment of the applicant by checking the appropriate boxes.

	<b>Top 10%</b>	<b>Top 25%</b>	<b>Top 50%</b>	<b>Top 75%</b>	<b>N/A</b>
<b>Maturity</b>					
<b>Time Management</b>					
<b>Emotional Stability</b>					
<b>Ability to work independently</b>					
<b>Ability to work cooperatively</b>					
<b>Ability to work under pressure</b>					
<b>Oral Communication</b>					
<b>Written Communication</b>					

4. Please state frankly your opinion of this candidate's chances for success (both academic and non-academic) in a medical program. Keep in mind the following: academic/personal suitability for medical school and strengths which you believe the applicant might bring to such an experience. *(You are invited to use an additional or separate sheet and attach it to this form.)*


5. If a scholarship/grant were available, would you recommend that this student receive it and why?


**EVALUATOR INFORMATION**

Signature:	Date:
Printed Name:	University/ Title:
Phone:	Email: