MOUNT SINAI SCHOOL OF MEDICINE

One Gustave L. Levy Place
Box 1047 - Dermatology
New York, NY 10029-6574
Phone: 212.659-9530

Recommender's Name: _____

RECOMMENDATION

TO BE COMPLETED BY APPLICANT:

Last First Middle Initial Social Security No.

The Family Educational Rights and Privacy Act of 1974 and its amendments guarantee students access to educational records concerning them. Applicants are also permitted to waive their right of access to recommendations. The letter your reference provides will be used to help reach decisions on admission. It will not be retained as part of the academic record of a student who enrolls at MSSM. Please indicate below whether or not you waive your right of access to this recommendation.

☐ **I DO WAIVE** my right to inspect the contents of the following recommendation. ☐ **I DO NOT WAIVE** my right to inspect the contents of the following recommendation.	**SIGNATURE**

TO THE REFEREE:

The applicant named above wishes you to provide a recommendation on behalf of their application for admission to the Procedural Dermatology Fellowship in the Department of Dermatology at MSSM. We would greatly appreciate an objective evaluation of the applicant's qualifications**.**

Please complete the section at the bottom of this form and, in an accompanying letter, address the following:

- What is the potential of the applicant to be a successful physician interested in procedural dermatology?
- How long and in what capacity have you known the applicant?
- If the applicant has worked in your laboratory, what research accomplishments were achieved?
- What is your opinion regarding the overall potential of this applicant to succeed in completing an advanced fellowship?
- Are there any special circumstances that our admissions members should take into account when assessing the applicant's suitability for this program?

What is your overall recommendation regarding this applicant to the Procedural Dermatology Fellowship program:

☐ accept ☐ accept with some reservation ☐ do not accept

Name Signature

Title and Department Date

College/University/Institution

Street Address

City State Zip Code

Telephone Number E-mail Address

PLEASE PLACE THIS FORM AND YOUR LETTER IN AN INSTITUTIONAL ENVELOPE. SEAL AND SIGN THE FLAP TO ENSURE CONFIDENTIALITY. RETURN THE ENVELOPE TO THE APPLICANT WHO WILL THEN SUBMIT ALL SUPPORTING DOCUMENTS IN ONE ENVELOPE.