

**Release Statement for Medical School Application Dossier  
DePauw University • Health Sciences Advisory Committee**

I agree to the following policies of the Health Sciences Advisory Committee, which are in accordance with the Family Educational Rights and Privacy Act of 1974 and DePauw University.

I give the DePauw University Health Sciences Advisory Committee permission to release at my request the contents of my Medical School Application Dossier which includes:

- Letter of transmittal from the Chair of Health Science Advisory Committee
- Copies of letters of recommendation

I understand that:

- I am responsible for soliciting letters of recommendation and making sure that original versions of reference letters have been sent to the Health Sciences Advisory Committee.
- These materials will be maintained on file by the Health Sciences Advisory Committee and released to medical schools at my request.
- In accordance with DePauw University policy, the contents of my file become the property of the Health Sciences Advisory Committee
- DePauw University and the Health Sciences Advisory Committee cannot protect me against potential misuse of the information or invasion of my privacy, given the planned dissemination of this information.
- My original reference letters cannot be transferred to other placement offices.
- The Health Sciences Advisory Committee will maintain my dossier for five (5) years from the date it was last updated.

I agree to:

- Update my file if I want to continue past graduation. **All files not updated by July 15<sup>th</sup> will be destroyed.**

Therefore, I release the DePauw University Health Sciences Advisory Committee of liability in connection with my participation in the Medical School Application Dossier service.

Date \_\_\_\_\_ Graduation Year: \_\_\_\_\_ Email: \_\_\_\_\_

Signature \_\_\_\_\_ Printed Name \_\_\_\_\_

AMCAS ID \_\_\_\_\_ DePauw Student ID \_\_\_\_\_

AMCAS Letter ID \_\_\_\_\_

**Letter of Recommendation For Medical School  
DePauw University • Health Sciences Advisory Committee**

**Recommendations for Students Applying to Medical School  
Faculty Information**

At DePauw, our faculty have close contacts with their students and are in the best position to write convincing letters of recommendation. However, because of the complexity of the admission process, it is difficult to get the right letters to the right places on time. Therefore, we have begun a dossier service, through which we collect letters of recommendation from students and package them with an information sheet about health science preparation at DePauw. This sheet includes information about average grades in the core pre-medical science courses and about various programs and opportunities, such as Winter Term in Service and Winter Term internships, that DePauw offers. At the student's request, we then make this dossier available to the medical schools to which the student is applying.

The initial application for medical school (AMCAS) includes a detailed transcript of course work taken at DePauw, other U.S. universities, and abroad. It also includes scores for every MCAT examination the student has taken, unless he/she has chosen not to release a score. There is a detailed list of college activities and a personal statement in which students are asked to write about their aspirations to medical school.

Following review of the AMCAS application, a medical school may invite a student to submit a "secondary application," which will include letters of recommendation, either a single letter from a health sciences committee or advisor or a set of letters from faculty. Your letter of recommendation complements this other information. In general, medical schools appreciate letters that:

- Provide a candid, critical evaluation of the student's academic potential and achievement.
- Comment on aspects of the student's character, as evidenced by his or her work with you, that may be relevant to their medical studies or their performance as a doctor. This may include work ethic, honesty, integrity, motivation, humanistic qualities, attitude toward others, enthusiasm, intellectual curiosity, and compassion.
- Comment on specific skills and abilities that make this student a good or outstanding applicant to medical school. These may include skills in research, foreign languages, writing and communication, participation, leadership and teammanship.
- Comment on behavioral traits, such as attendance, punctuality, reliability, cooperation, thoroughness, and persistence.<sup>1</sup>

We recommend that when students seek out recommendations from you, they supply you with a résumé or activities summary and a draft of their personal statement for the AMCAS application. This should help you write a letter that best supports their application and may allow you to offer advice on the application.

<sup>1</sup> These suggestions have been developed from a survey of medical school admissions officers, reported on in Charles Chapman and Hugo Lane, "Perceptions About the Use of Letters of Recommendation," *The Advisor*, 17:3 (Spring 1997).

**Letter of Recommendation For Medical School**  
**DePauw University • Health Sciences Advisory Committee**

Full Name of Candidate (Please print or type) \_\_\_\_\_

AMCAS ID \_\_\_\_\_

Waiver of Access: The Family Educational Rights and Privacy Act of 1974 permits the individual requesting this reference to sign a waiver relinquishing the right to inspect letters of recommendation. The person's signature below constitutes such a waiver; the lack of a signature implies that the person for whom this reference is being written shall have the right to read this reference.

Date Requested \_\_\_\_\_ Candidate Signature \_\_\_\_\_

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Recommenders: You may attach a letter to this sheet or write your recommendation in the space below. If you write a separate letter, please be sure to return it with this sheet. Please include the student's AMCAS ID in the letter.

Recommendations should be sent to:

Ken Kirkpatrick, Chair • Health Sciences Advisory Committee • Registrar's Office  
313 S. Locust Street, Greencastle, IN 46135

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Recommender's Signature: \_\_\_\_\_ Completion Date \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_ Zip: \_\_\_\_\_

Tel: (     ) \_\_\_\_\_

E-Mail: \_\_\_\_\_

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Tel: (     ) \_\_\_\_\_

E-Mail: \_\_\_\_\_

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Tel: (     ) \_\_\_\_\_

E-Mail: \_\_\_\_\_