Dear Evaluator:

Thank you for agreeing to write a letter on behalf of the above-named applicant. The following guidelines are provided for your assistance as you prepare your letter. This page is for your reference and should not be submitted with your letter of evaluation.

1. Please state the nature and duration of your relationship with the applicant and whether you are writing based on direct or indirect observations.

2. To the extent possible, please discuss the applicant’s attributes, as you understand them, as related to:
   - Motivation and understanding of medicine
   - Service commitment and community involvement
   - Interpersonal and communication skills and teamwork
   - Cultural competence
   - Character, integrity, and ethics
   - Critical thinking skills
   - Reliability, dependability, resilience, adaptability, and capacity for improvement

3. A “bottom-line” assessment is appreciated.

While you are asked to forward your evaluation as soon as possible, the deadlines for receipt of letters are:

- Early Decision Program: August 15, 2016
- Regular decision: November 15, 2016
- MD/PhD Program: November 15, 2016

The KU School of Medicine Office of Admissions uses the AMCAS letter service. AMCAS collects an applicant’s letters and then forwards those letters to each medical school in electronic format. If you are submitting this letter as an individual (ie, not to a committee or as part of a letter packet), please submit the letter directly to the AMCAS letter service. Information about the AMCAS letter service is available at http://www.aamc.org/students/amcas/faq/amcasletters.htm.

Your evaluation of this applicant’s candidacy is an important part of the admissions process. Thank you.

The University of Kansas School of Medicine Admissions Office provides the following statement waiving access to letters of recommendation written on behalf of applicants. While applicants are not required to waive access, they are instructed that doing so encourages their evaluators to be candid.

**Waiver of Access:** I, _______________________________, hereby freely and expressly waive any and all rights of access to this letter of evaluation as granted me by the Family Educational Rights and Privacy Act. I understand this waiver is limited to this document and is irrevocable.

Signature
____________________________________   AAMC ID Number

**Waiver of Access:** I, _______________________________, do not waive access to letters of evaluation as granted me by the Family Educational Rights and Privacy Act.

Signature
____________________________________   AAMC ID Number