**EMAIL TEMPLATE**

**STUDENT LETTER OF RECOMMENDATION**

**[Date]**

 **[Full Name of Addressee]
[Name of Organization]
[Street Address]
[Additional Address Info.]
[City, State Zip Code]**

**Re: [Student’s Full Name], Letter of Recommendation for
[Name of What Letter is for – e.g., scholarship, fellowship, research, etc.]**

Dear **[Name of Addressee (e.g., Scholarship/Selection Committee)** – if person,

Dr.**/Senator/Representative/Mr./Ms., etc. + Last Name]:**

I am pleased to write a letter of recommendation for **[Mr./Ms.] [Student’s Full Name]** who is applying for the **[Name of What Letter is For]. [Student’s First Name]** is a **[first, second, third, fourth]** year medical student who received **[his/her] [B.A., B.S., other-Student fills in]** degree in **[major/major with a minor in-Student fills in]** from **[Name of Undergraduate Institution-need to include "the" if appropriate],** where **[he/she]** graduated with **[honors-if applicable; a GPA of –if applicable]. [Student’s First Name]** was **[Student fills in any undergraduate honors, awards, honor societies, scholarships, etc. and whether received, selected, inducted, or awarded]. [Student’s First Name]** was actively involved in **[fill in any extracurricular activities with leadership positions held, community service, etc.]. [Student’s First Name]** performed research in the lab of Dr. **[Full Name of Research Advisor]** in the Department of **[Name of Department]** at **[Name of Institution]. [Student fills in brief description of student’s responsibilities for the research and/or brief description of the research].** The research resulted in **[number-fill in] [publication(s)/ poster presentation(s)/ abstract(s)/ other-Student fills in]**. **[Student fills in any other additional research experiences with same information above for each experience].**

**(OPTIONAL SECTION; ONLY IF APPLICABLE)** Prior to medical school, **[Student’s First Name] [Student fills in any other degrees with all of the same information detailed above and/or Student fills in any work experiences, etc. did between college and medical school and /or Transfer Student fills in where began medical school, dates (years) of attendance, any honors, awards, scholarships, extracurricular/leadership activities, research, etc. in same format as detailed above].**

**[Student’s First Name]** entered the University of Illinois College of Medicine at Chicago **(UIC COM)** in **[month]** of **[year]** and has distinguished **[himself/herself]** as *a* **[OSA fills in]. [He/She]** has been **[Student fills in any medical school honors, awards, AA, ISP, scholarships, etc. and whether received, selected, inducted, or awarded]. [Student’s First Name]** has demonstrated initiative and leadership skills through **[his/her]** involvement in **[Student fills in any extracurricular activities with leadership positions held, brief description of leadership activities and outcomes, etc.].**

**[Student’s First Name]** has also *demonstrated* commitment to community service as well as public and civic affairs through **[his/her]** volunteer work. **[He/She]** has been actively involved in **[Student fills in volunteer, community service, mentoring, etc. activities].**

**(OPTIONAL SECTION; ONLY IF APPLICABLE) [Student’s First Name]** has also demonstrated alevel of interest in research. **[He/She]** has performed research in the lab of Dr. **[Full Name of Research Advisor]** in the Department of **[Name of Department]** at **[Name of Institution]. [Student fills in brief description of student’s responsibilities for the research and/or brief description of the research].** The research resulted in **[number-fill in] [publication(s)/ poster presentation(s)/ abstract(s)/ other-Student fills in]. [Student fills in any other additional research experiences with same information above for each experience].**

In my observation of **[Student’s First Name], [he/she]** clearly has **[OSA fills in].** Therefore, I **[OSA fills in] [him/her]** as **[*OSA fills in]***candidate for the **[Name of What Letter is for]** and give **[him/her]** my full and unqualified support.

Sincerely yours,

Kathleen J. Kashima, PhD
Senior Associate Dean for Students

cc:        Dr. **[Full Name of Student’s Advisor]**

Student File
**OSA Advisor’s initials**