



LETTER OF RECOMMENDATION COVER LETTER FORM

Applicant's Full Name _____ Student ID _____

Professional School: Medical Dental Application for Entering Class of 20 _____

I WAIVE, voluntarily, the right of access to this evaluation form and its accompanying letter.

Applicant's Signature _____ Date _____

TMDSAS PIN: _____ AAMC ID: _____

AADSAS ID: _____ AACOMAS ID: _____

Please PRINT or TYPE in the following information

Evaluator's Name _____ Email Address _____

Title _____ Institution/Business _____

Relationship to applicant? (Instructor, Mentor, Advisor, Employer, etc.) _____ How long? _____

INFORMATION FOR THE EVALUATOR:

- Your letter **must be typed, dated, hand-signed and on an official letterhead**. Contact information and credentials must be included.
- Address your letter to the Admissions Committee and not to HPAC or the Health Professions Advisor
- Before writing your evaluation, please honestly consider the applicant's strengths and weaknesses with these 10 areas:
 - CHARACTER- integrity; ethical and moral values; dependability; personal characteristics
 - MOTIVATION- enthusiasm and determination for the profession; certainty and commitment to career goals
 - MATURITY- emotional control; consistency in behavior, attitudes and judgments; response to criticism/stress
 - SOCIAL VALUES- interpersonal relationships; concern for others; cooperativeness; empathy
 - INTELLIGENCE- mental capability; perceptiveness; critical thinking and quantitative reasoning skills;
 - WORK ETHIC- efficiency in work habits, manual skills; initiative; resourcefulness
 - RESILIENCE & ADAPATABILITY- stress management skills; tolerance; recovers from set backs
 - LEADERSHIP- capability to inspire others; to organize and supervise others; acceptance of responsibilities
 - CULTURAL COMPETENCE- awareness of socio-cultural factors; unbiased; understanding of diverse groups of people
 - COMMUNICATION SKILLS- effective oral and written skills; verbal and nonverbal; ability to establish rapport

Please return your letter and this coversheet via email (preferred) or mail to:

Email: HPAC@uta.edu with SUBJECT: HPAC LOR: Student Name (PDF Versions)

MAIL: Health Professions Advisor / The University of Texas at Arlington / Box 19047, Arlington, Texas 76019-0047

If you choose to have the applicant hand deliver your letter and this coversheet to the Health Professions Advisor, place letter with coversheet in an envelope and **sign across the envelope's seal**. Your signature indicates that you personally sealed the envelope.