



Health Professions Pathways Program (H3P)

Crosby Main Floor • h3p@gonzaga.edu • www.gonzaga.edu/h3p

Letter of Recommendation Request Form – Health Professions Graduate School

This form provides guidance to candidates and letter writers in developing strong, positive letters that address the information and qualities health professions graduate school admission committees seek in candidates. Once someone agrees to support a candidate by writing a letter, candidates are encouraged to complete and submit this form to that individual, along with additional documentation.

Candidate Name:

Graduation Year:

Major(s):

Minor(s):

How long and in what capacity have we known each other? If not applicable, please enter N/A.

- **Coursework (include subject(s), semester(s), final grade(s), and any key projects)**
- **Research (include key takeaways from the experience)**
- **Academic Advising**
- **Work or Internship**
- **Volunteer**
- **Other**

What are some specific experiences, attributes, and/or personal qualities to include in the letter?

What other details or experiences would be helpful to know and inform the letter? This can include hours worked, volunteer experiences, personal or academic challenges, etc.

To what type of program (Centralized Application Service) will this letter be submitted? Indicate all that apply:

- | | |
|---|--|
| <input type="checkbox"/> Dental (AADSAS) | <input type="checkbox"/> PT (PTCAS) |
| <input type="checkbox"/> PA (CASPA) | <input type="checkbox"/> Pharmacy (PharmCAS) |
| <input type="checkbox"/> Optometry (OptomCAS) | <input type="checkbox"/> Vet (VMCAS) |
| <input type="checkbox"/> OT (OTCAS) | <input type="checkbox"/> Other: |

Date when the letter is needed: