



Health Professions Pathways Program (H3P)

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Letter of Recommendation Request Form – Medical School

This form provides guidance to both candidates and letter writers in developing strong, positive letters that address the information and qualities medical 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 supporting 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?

Which of the AAMC “[Core Competencies for Entering Medical Students](#)” do you believe this letter can address, and why? Explain here, providing specific examples when possible.

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.

Where should I submit the letter? Indicate all that apply:

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> AMCAS (MD) | <input type="checkbox"/> TMSAS (Texas-based schools) |
| <input type="checkbox"/> AACOMAS (DO) | <input type="checkbox"/> Interfolio |

Date when the letter is needed: