



**Marshall University Joan C. Edwards School of Medicine Accelerated BS/MD Program  
Recommendation Release Form**

**► To be completed by the Student Applicant:**

Please provide a copy of this form to three individuals who can comment on your interest in the Marshall University Joan C. Edwards School of Medicine (MUJCESOM), as well as on your ability, potential, and readiness for the Accelerated BS/MD Program. These should include at least two letters from teachers who has had you in class (science, math or AP class) and one from someone who has supervised you in a community, volunteer or work experience.

Applicant Name: \_\_\_\_\_

Applicant Waiver: I do ( ) I do not ( ) waive my right of access to this recommendation, granted under the provisions of the Family Educational Rights & Privacy Act of 1974 (FERPA). The MUJCESOM may, therefore, consider it confidential.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

***Author of the letter of recommendation:***

As you compose your letter of recommendation, consider and include comments that address the following characteristics of the applicant.

- Creative thinking, Original thought
- Maturity
- Independence, Initiative
- Intellectual Ability
- Academic Achievement
- Ability in Written Expression and Oral Expression
- Concern for Others
- Disciplined Work Habit
- Any special asset of the applicant

Other information to include.

- Length of time you have known the applicant and in what capacity
- Level of your recommendation:
  - highly recommend
  - recommend
  - recommend but with some reservation (please comment)
- Your contact information

Return this signed release form with your letter of recommendation. Please forward the letter directly to the following address. It is essential that the student/parent(s) not have access to the letters. The letter must be received by 4:30PM on the application deadline of **January 12, 2018**.

**Letters must be mailed to:**

**Marshall Medical Center  
ATTN: Accelerated BS/MD Program  
1600 Medical Center Drive, Suite 1400  
Huntington WV 25701**

**Questions?** Please call 304.691.1182 or email BSMDprogram@marshall.edu  
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