

[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, A.O.A., I.S.P., 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 a level 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,