UCLA David Geffen School of Medicine

Student Affairs Office David Geffen School of Medicine at UCLA Geffen Hall, 885 Tiverton Drive, Suite 200 Los Angeles, CA 90095-1720

LETTER OF RECOMMENDATION FORM

Full Name			
UID	Class of		
Dean's Letter of Recommendation from Dr. copy with signature. This form must be accom			
l am applying for:			
l am applying because:			
If accepted, I hope to gain			
If invited to interview as a result of my applicat	ion, I accept my obligation to go.	YES NO	Initial
List names and addresses for mailing docume	ents below (for more than two locations	s, please attach second	sheet):
1	2		
Deadline:	Deadline: _		
Note: allow 4 weeks for letter preparation.	If deadline is in January, request fo	rm is due by October	15.
My signature assures my commitment to atten	d an interview if selected by the program	n(s) for which this letter	is requested.
Signature	Date Requ	ested	
Approved	Not Approved		
Conditions/comments			
		De	epartmental Use Only
		Received o Processed	
Email completed form to: dgsomsao@mednet.u	ucla.edu		