

Emory MD-SEE Program: Letter of Recommendation

To the recommender: Please provide a letter of support for the applicant.

To the applicant: This letter of recommendation is optional for students applying to the Emory MD-SEE Program. If you would like to include a letter of support for your application, please complete this form and give it to your recommender.

I waive the right to see this evaluation form after it is completed.

Applicant's signature _____

Parent's signature (only if applicant is under 18) _____

I reserve the right to see this evaluation form after it is completed.

Applicant's signature _____

Parent's signature (only if applicant is under 18) _____

Applicant's Name _____
Last name First Middle

Home Address _____
Street City State Zip

Return completed form to:

Emory University

Office of International and Summer Programs

Fax: 404-727-6724

Email: ois@emory.edu

550 Asbury Circle, Candler Library Suite 200, Atlanta, GA 30030