LETTER OF RECOMMENDATION GUIDE

The Post Baccalaureate Admissions Committee (PBC) appreciates your efforts in helping our students gain admission into our Post Baccalaureate Pre-Health Certificate Program.

The PBC prefers that your letters of recommendation deal with information that is not necessarily revealed in the grades. The Committee members already have a complete academic record (courses and grades) in addition to cumulative grade point average and science grade point average.

Please address your letter to:

Dear Admissions Committee Members:

Please be aware that any negative assessment will almost certainly remove the student from serious consideration. Therefore, if you are unable to write a positive letter, it would be in the best interest of the student not to write any letter at all. Please note that a letter of recommendations from family members will not be accepted.

Following are suggestions for assessment guidelines: (Please only comment on what you have direct knowledge of)

- **Intellectual qualities:** Curiosity, ability to solve problems, ability to reason critically, ability to communicate, general knowledge, as well as breadth and depth of knowledge. Wherever possible, give specific examples.

- **Commitment To A Health Professions Career:** Development of applicant's interest in desired profession, strength of his/her motivation, meaningful activities to test strength of motivation (research, clinical experience, other service activities), level of involvement in motivational activities, long-range goals in the profession.

- **Community Activities:** Service in religious, civic, political, sports and recreational activities, such as coaching in Little League, camp counseling, etc., which demonstrate commitment to helping others.

- **Personal Qualities:** Your assessment of the candidate's qualities of compassion, professionalism, commitment, ability to relate to others, ability to handle stress, emotional maturity, honesty, cooperation, initiative, reliability, and personality.

- **General Impression:** Summarize your reactions to the applicant. Please give your assessment of the level of support, i.e. outstanding, excellent, good, or acceptable.

Please note that all letters of recommendation must contain the following three elements: letterhead, date, and signature. Once completed, please mail to:

Pre-Health Certificate Program, Cohort 2017-2018
C/O Brandy Schaal
2600 Nutwood Ave.
Suite 950
Fullerton, CA 92831

Thank you.  

DS: 12/16