
MD/PhD • List of Recommenders and Waiver Form • Health Careers Office

PRINT NAME: _____ **BANNER ID:** _____

IMPORTANT: I understand that applications to MD/PhD programs begin with a regular application to medical schools. The following letters from RESEARCH experiences should be sent to MD/PhD program admission committees in addition to the letters in the regular packet listed on the “List of Recommenders and Waiver Form.”

All letters must be submitted to the Health Careers Office by Monday, June 16, 2008.

Letter 1

Name of Evaluator	Department/Title	Institution BROWN UNIVERSITY
WAIVER: All rights of access to the letter of evaluation from the individual named above conferred by the Family Education Rights and Privacy Act of 1974 (P.L. 93-380 as amended or otherwise, are hereby irrevocably and voluntarily waived .		
Signature	Print Last Name	Date
I have not waived right of access		
Signature	Print Last Name	Date

Letter 2

Name of Evaluator	Department/Title	Institution BROWN UNIVERSITY
WAIVER: All rights of access to the letter of evaluation from the individual named above conferred by the Family Education Rights and Privacy Act of 1974 (P.L. 93-380 as amended or otherwise, are hereby irrevocably and voluntarily waived .		
Signature	Print Last Name	Date
I have not waived right of access		
Signature	Print Last Name	Date

Letter 3

Name of Evaluator	Department/Title	Institution or Other
WAIVER: All rights of access to the letter of evaluation from the individual named above conferred by the Family Education Rights and Privacy Act of 1974 (PL. 93-380 as amended or otherwise, are hereby irrevocably and voluntarily waived .		
Signature	Print Last Name	Date
I have not waived right of access		
Signature	Print Last Name	Date

Letter 4

Name of Evaluator	Department/Title	Institution or Other
WAIVER: All rights of access to the letter of evaluation from the individual named above conferred by the Family Education Rights and Privacy Act of 1974 (PL. 93-380 as amended or otherwise, are hereby irrevocably and voluntarily waived .		
Signature	Print Last Name	Date
I have not waived right of access		
Signature	Print Last Name	Date