



List of Recommenders and Waiver Form – MD/PhD

APPLICANT NAME: _____ **BANNER ID:** _____

IMPORTANT: I understand that applications to MD/PhD programs begin with a regular application to medical schools. If I apply to MD/PhD and MD programs, I will complete Form 2 “List of Recommenders and Waiver Form” in addition to this form and have provided a copy of Form 1 “Instructions for Recommenders” to each of my recommenders.

This form is due (signed and submitted to Health Careers Advising, Hemisphere Building, 167 Angell Street or to hco@brown.edu) Friday, May 3, 2019. All letters must be submitted by Friday, May 17, 2019.

Letter 1

Check here if designating as a research mentor

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

Check here if designating as a research mentor

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

Health Careers Advising

Form 3

Letter 3

Check here if designating as a research mentor

Name of Evaluator	Department/Title	Institution
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 .		
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I have not waived right of access		
Signature	Print Last Name	Date

Letter 4

Check here if designating as a research mentor

Name of Evaluator	Department/Title	Institution
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I have not waived right of access		
Signature	Print Last Name	Date

Letter 5

Check here if designating as a research mentor

Name of Evaluator	Department/Title	Institution
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