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## Letter of Recommendation

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**BROWN UNIVERSITY FACULTY, MEMBERS AND STAFF ONLY**

*This form is due through veCollect by Friday, May 17, 2019*

**APPLICANT NAME:**

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**EVALUATOR NAME:**

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**DEPARTMENT AND TITLE:**

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# Health Careers Advising

Form 6

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## **INSTRUCTIONS FOR LETTER WRITERS**

***Please type/ insert your comments above.***

1. This electronic form is available under "Forms" at [brown.edu/go/healthcareers](http://brown.edu/go/healthcareers). Please use Adobe Reader or Acrobat to save your letter. If you have a Mac, please do not use the Preview software as it may not save your letter correctly.
2. Once your recommendee submits a request for your letter through our web-based veCollect system, you will receive an email titled "[veCollect.] Request for evaluation from (applicant's name)". Please use this form to write, save, and attach your letter in a direct reply to the email from veCollect. Please save a copy for your records. If you experience any difficulties with veCollect, please contact Kathy Toro at 401 863-2781 or [kathy\\_toro@brown.edu](mailto:kathy_toro@brown.edu)