Dear Colleague:

Your assistance is appreciated in evaluating the applicant identified above as a potential Postbaccalaureate Program student. The applicant has identified you as an individual who can provide a meaningful and frank appraisal.

Letters of recommendation play a very important role in our selection process, and the review committee is interested in receiving information on the applicant's intellectual ability, motivation, honesty, commitment, initiative, reliability, maturity, and personal attributes. We also ask that you address the strengths and weaknesses of this student that may affect his/her suitability as a medical student and physician.

The applicant's admission file will be considered incomplete, and no further evaluation will occur, until this response has been received. Therefore, we request that you submit your recommendation promptly. Please attach this form to your letter of recommendation and return them to the address listed below. Letters that do not have this form attached cannot be considered. Thank you for your assistance.

UC Postbaccalaureate Consortium
UC Davis School of Medicine
4610 X Street, Suite 4101
Sacramento, CA 95817