

First

Name

## **Letter of Recommendation Form**

Please complete the form with any applicable information. Your responses should be in full paragraph form. Once finished, email or hand in the form to your OSA advisor along with your CV and the completed Student Request Form. Your advisor will use this detail to craft a letter of recommendation for you.

Last

Name

UIC

email

About the Opportunity	
•	Qualifications: Describe what is necessary to be a good candidate for this opportunity.
•	Fit: Define why this opportunity is a good fit for you.
About You	
•	Education: Indicate any degrees earned, including where they are from and if you graduated with any honors/awards/scholarships/etc.
•	Experience: Specify any work experiences prior to medical school, comprising the detail of your roles.
•	Research: Identify any research experience you have, emphasizing your specific role, details of the labs/departments/mentors, and any results of publications/posters/presentations/etc.
	Extracurricular Activities/Service: Highlight any organizations and activities you are involved in, defining your involvement and the parameters in detail

UIC COM: Tell us what you are doing here at UIC, containing any special curriculum programs,

honors/awards, leadership activities, research prospects, etc.