



Icahn
School of
Medicine at
Mount
Sinai

Letter Writer:

Student Name:

Dear Letter Writer:

Thank you for agreeing to write a letter of recommendation in support of my Visiting Student Learning Opportunities (VSLO) application. This is different from a residency application letter. Please follow the steps below.

1. Address the letter to "Dear Elective Director." An individualized salutation is not necessary.
2. Include in your letter whether I have or have not waived my right to see this letter (see below).
3. Please note how long you have known the student and in what capacity. Please comment on areas that you have observed including medical knowledge, communication skills and clinical skills. It is also helpful to comment on: reliability, dependability, and resourcefulness as well as your overall assessment for professional ability.
4. Please submit the letter on letterhead and submit with this cover sheet to electives@mssm.edu

TO THE STUDENT:

Under the Family Educational Rights and Privacy Act (FERPA), students have the right to review their educational record. You may choose to waive this right for this specific letter of recommendation.

Please initial ONE:

I waive my right to access this letter of recommendation.

I do not waive my right to access the reference letter.

I request that the Icahn School of Medicine at Mount Sinai to upload my letter of recommendation to the Visiting Student Learning Opportunities (VSLO) program for the purpose of applying for away rotations. I will not hold ISMMS or its agents responsible for the letter's contents or outcomes.

Student signature _____ Date _____