

University of Hawai'i at Mānoa  
John A. Burns School of Medicine

## IMI HO'OLA POST-BACCALAUREATE PROGRAM

651 Ilalo Street, MEB • Honolulu, HI 96813  
Telephone: (808) 692-1030 • Fax: (808) 692-1254

# Imi Ho'ola Letter of Recommendation

NAME OF APPLICANT: \_\_\_\_\_  
LAST FIRST MIDDLE

AMCAS ID#: \_\_\_\_\_

NAME OF RECOMMENDER: \_\_\_\_\_  
LAST FIRST MIDDLE

**TO THE APPLICANT:** Please read and complete the section below regarding access to this letter of recommendation. Two letters of recommendation are required, one of which should be a professor or advisor. The person should be able to accurately assess your academic qualifications and be able to comment on your potential to succeed in the Imi Ho'ola Post-Baccalaureate Program at the John A. Burns School of Medicine. Deliver or mail this form to the person who will write your recommendation. Ask the individual to complete the form, and return it directly to the Imi Ho'ola Post-Baccalaureate Program at the address above.

The Family Educational Rights and Privacy Act of 1974 entitles students to have access to letters of recommendation in their permanent record file. The University of Hawai'i provides students access to their educational records and assures confidentiality of such records except as permitted by the regulations or authorized by the student. Applicants may waive their right of access, in which case letters of recommendation will be considered confidential and not be available to the student. The following statement indicates the wish of the applicant regarding this letter of recommendation.

- I waive my right of access to the contents of the following recommendation.
- I do not waive my right of access to the contents of the following recommendation.

\_\_\_\_\_  
SIGNATURE DATE

NOTE: Waiver of your right of access to the contents of the letter is not required as a condition for admission to or receipt of financial aid or any other services and benefits from the University of Hawai'i. However, a selection must be made and the waiver must be signed.

**TO THE RECOMMENDER:** Personal references are an integral part of the admission process and are carefully reviewed. Since the number of qualified applicants exceeds the space available each year, we wish to select individuals whose personal attributes and abilities indicate that they have the potential for success in a rigorous training program and, ultimately, as a competent, compassionate health-care professional. We would appreciate your candid assessment of the applicant.

- 1) How long have you known this applicant and in what capacity? How frequent is/was your interaction with the applicant?
- 2) What are the applicant's strengths, particularly as it might apply to the study and practice of medicine?
- 3) What are the applicant's needs, particularly as it might apply to the study and practice of medicine?

4) Please comment on the following attributes of the applicant:

- **Basic Competence:** Reflected in general academic achievement, especially in reading and writing skills.
- **Need:** From a socioeconomically and/or educationally disadvantaged background.
- **Maturity:** Responsible, independent, reliable, able to work with others.
- **Motivation:** Strength of desire to pursue medicine; perseverance; work or volunteer health experience.
- **Humanism:** Desire to help, compassion, warmth, sincerity, empathy, nurturing nature.
- **Leadership:** Successful leadership experience(s); evidence of influencing others (e.g., in sports, church, clubs).
- **Communication Skills:** Ability to express ideas and opinions clearly and to listen attentively.
- **Commitment to Serve Areas of Need:** How convincing is the applicant in his/her plans to deliver health services where the need is greatest? Has the applicant provided services to areas of need?

5) Compared with other students you have taught, please evaluate applicant's potential as a professional.

6) Overall recommendation:

- Strongly recommend admission to the Imi Ho'ola Post-Baccalaureate Program  
 Recommend                       Recommend with reservations                       Do not recommend

Recommender's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Recommender's Name (please print): \_\_\_\_\_

Position/Title: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

*Please mail this form directly to the Imi Ho'ola Post-Baccalaureate Program by the postmark deadline of **November 30, 2009**. Please do not give it to the applicant to submit.*