



BUFFALO STATE

The State University of New York

Pre-Health Advisement Committee

Letter of recommendation form

Candidate Name: _____

Major: _____

Year of graduation: _____

I, _____ waive my right to access to this reference

Candidate Name

Candidate signature

Date

The above-named student is applying to a professional health school. Please comment on the academic, professional, personal and social qualities of the candidate to the extent that you have been able to determine.

Reference Name

Reference signature

Please return your letter to:

Kelly Boos
Buffalo State College
1300 Elmwood Ave. SAMC 332
Buffalo NY 14222

Or submit a signed PDF to:
booskg@buffalostate.edu