

# LETTER OF RECOMMENDATION FORM

This section is to be filled out by student & parents/guardians

Print Full Name of Student/Applicant: \_\_\_\_\_

## Waiver of Access to Letters of Recommendation

To Be Completed by the Student/Parent or Legal Guardian and sent in By the Recommender with their Letter of Recommendation and Forms. Note: Waivers of access to letters of recommendation are optional and voluntary. INMED requests waivers, but will not deny admission, awards, employment, or any service or other benefit to students who fail to supply waivers. However, individual recommenders may choose to make the recommendation conditional on a signed waiver of access.

Print Full Name of Recommender: \_\_\_\_\_

By signing below, I agree to waive my right to access and examine, now or at any time in the future, the letter of recommendation (or copies) and recommendation other forms written by the recommender named above.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## For Recommender:

The Indians Into Medicine Summer Institute Program (INMED SI) is a six week academic enrichment program for 7<sup>th</sup> – 12<sup>th</sup> graders at the University of North Dakota. Courses may include Biology, Chemistry, and Physics with labs; Health; Math; and research and presentations in Communications. During INMED SI, students stay in college dorms, are supervised by counseling staff, and have health and wellness activities that may include field trips to advance the educational aspects of the program.

A student must be committed to completing the six week program with the intention of advancing their academic pathway toward a career in health or medical fields and to matriculate into college. As a recommender, we request that you be truthful and candid about the applicant's ability to perform in the six week academic enrichment and collegiate setting.

A recommender can be a counselor, teacher, coach, etc. but not a relative of the applicant. Recommender must submit the following:

1. **A typed recommendation using 500 words or less** to describe:
  - a) What are some attributes that you feel are important for us to know about the applicant?
  - b) How do you think this applicant will benefit from our academic enrichment program?
  - c) Any academic or behavioral needs, or other concerns for the applicant that our program should consider? **The typed recommendation letter must be completed, signed, and submitted to INMED by the Recommender (NOT the student) via e-mail or mail by March 15, 2025. (See end of form).** If these documents are not received from the Recommender by this date the student's application will not be considered complete.

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Please share more about the student's characteristics listed below:

Category	Outstanding	Good	Average	Below Average	Unable to Assess
Inquisitive: questioning attitude/needs to know why.					
Persistent: stays with tasks, integration toward longterm goals.					
Self-Starter: highly motivated, independent worker, self-directed, pursues individual interests.					
Desire to Achieve: is eager to successfully accomplish goals.					
Disciplined Work Habits: turns in assignments in a timely manner.					
Respect: Takes responsibility for actions, shows respect for teachers and peers.					
Leadership: shows maturity/emotional ability, leads when needed or appropriate.					
Ethical: honest and knows right from wrong					
Adaptability: can adapt to new environments and personalities.					
Behavior: acts and behaves appropriately, able to follow rules and policy without incident					

### Overall Rating

Highly Recommend  
  Strongly Recommend  
  Recommend  
  Not Recommend

Recommend with reservations  Please explain: \_\_\_\_\_  
 \_\_\_\_\_

### Recommender Info:

Your Name (Printed): \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Your Position: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

How do you know the applicant? \_\_\_\_\_ Length of Time You Have Known Applicant: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Return Recommendation Letter & this signed form to: email:

inmed.si@med.UND.edu

Phone: 701.777.3037

University of North Dakota School of Medicine & Health Sciences

Fax: 701.777.3277

Indians Into Medicine, E251

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