

Request for Letter of Recommendation (LoR) Cover Sheet

| Plea | ase attach this cover she | et to the <i>front</i> | of your lette | r of recomm | enaatior | i with a pape | er clip |
|--|--|---|--|---|---|--|------------|
| Date [| | | | | | | |
| LoR Au | thor | | | | | | |
| Applica | nt Name | | | | | | |
| AAMC I | D | | | AOA ID | | | |
| Thank y | you for agreeing to write | e a letter of rec | commendatio | on in support | of my r | esidency ap _l | plication. |
| | ctions for letter writer esignated dean's office u | • | | | of recor | nmendation | to my |
| 2.3.4. | Address the letter to "D (I would be happy to pr Include in your letter w indicated below. Include my name and A letter. Attach this sheet to you identify your letter with Deliver the letter to my | rovide you a list thether or not lead or AOAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA | t of program I have waive A ID, as listed sending it, to | s to which I and my right to display above, in the one of the my ER | am apply see this e subject AS desig | ying.) recommend t line or bod gnated dean | dation as |
| Thank y | you for supporting my r | esidency appli | cation. | | | | |
| О | waive O I do | not waive | my | right to see t | his lette | r. | |
| | re" is selected, I waive m Act (FERPA). I acknow tion. | | | | - | _ | |
| Applica | nt Signature | | | | | | |
| ERAS I | Designated Dean's O | ffice Mailing | Address | | | | |
| Name | Dean Felicia Bruno | | Email | fbruno@ | nyit.edu | | |
| School | NYIT College of Osteo | opathic Medicine | Student Servi | ces | | | |
| Addres | s 1 Serota 223 | | Address 2 | Northern Bo | oulevard | | |
| City | Old Westbury | | State NY | | ip 11 | 568 | |