



# University of East-West Medicine

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## LETTER OF RECOMMENDATION

.....

Applicant Name \_\_\_\_\_

Last

First

Middle

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

.....

### To the person completing this reference

The University of East-West Medicine thanks you for your effort on behalf of this applicant. Please complete your personal information, the evaluation. Photocopies of this form are acceptable.

Name \_\_\_\_\_

Phone number \_\_\_\_\_

Email: \_\_\_\_\_

How long have you known/ taught this applicant? \_\_\_\_\_

Relationship: \_\_\_\_\_

.....

### Evaluation

The Admissions Committee is interested in your first-hand knowledge of this applicant, especially concerning those academic qualifications and personal qualities relevant to a career in healthcare. You may provide specific examples to support your comments. If you need more space, please use the back side of this sheet or feel free to attach a separate sheet of paper. A copy of another reference you have completed on behalf of this applicant is acceptable.

Letter of Recommendation