Letter of Recommendation Form
Please print this form and follow the directions below.

PART 1 – To be completed by the Applicant

Last Name (surname) _________________________ First Name (given) _______________ Middle Name __________

I hereby waive any right to examine this letter of recommendation. I realize that the University will utilize this recommendation only in conjunction with consideration of my admission to the MMSc-GHD graduate program.
I realize that a waiver of my right of access to this recommendation is not a condition of my admission.

I agree to the above waiver: YES___ NO____

Signature of Applicant __________________________________________________________________
E-mail ____________________________________ Date ________________________________

PART 2 - To be completed by the Referee

We appreciate your cooperation in providing a candid evaluation of the above named applicant's preparation for and ability to succeed in graduate study. If the applicant has agreed to the above waiver, HMS will hold this form and accompanying letter as confidential.

Please complete this form, scan it, and email it along with your scanned recommendation letter (on official letterhead) to the email mmscghd@hms.harvard.edu.

If you prefer to print and send your letter through the mail, please enclose your letter of recommendation in an envelope with a signature (or other official marking) across the seal to the address below:

Christina Lively
Harvard Medical School
Department of Global Health and Social Medicine
641 Huntington Avenue
Boston, MA 02115

When writing the letter of recommendation for this applicant, please address the following questions:

- In what capacity do you know the applicant?
- Describe how the applicant has demonstrated a commitment to working in health care in resource poor settings.

Please ensure that your letter of recommendation includes:

- The applicant's full name
- Your full name, title or position, and contact information

Referee Name __________________________________________________________________________

Position ____________________________________ Institution Telephone # __________________________

Referee E-mail ___________________________________________ Date ____________________