



**CUNY School of Medicine
Office of Student Affairs**

LETTER OF RECOMMENDATION REQUEST FORM
Allow at least 10 business days for the preparation of your letter

- for scholarships
- for summer programs
- for research programs which require a leave of absence from the school

Student Name _____

Date of Request _____

Letter Submission Deadline Date _____

Year (U1-M4, PA) _____

Name of Program and Host Institution _____

To whom should the letter be addressed (Name and Title): _____

What is the Email address for the letter to be sent, or the link for upload?:

Anyone

Dr. Madiha Akhtar

Dr. Dani McBeth

Dr. Lily Lam

Dr. Mamoona Khokhar

Dr. Karen Odate

Ms. Allison Smith

Please list and elaborate on at least three activities that you would like to be emphasized by the recommender in your letter.

Please attach a copy of your CV/resume and a draft personal statement or a description of why you are interested in this program.

Submit this form via email to studentaffairs-csom@med.cuny.edu