



**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. Kareen 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

Note: If you need a Letter of Good Standing - please email Studentaffairs-csom@med.cuny.edu.