



WAIVER FOR HEALTH CAREERS COMMITTEE LETTER OF RECOMMENDATION

DATE: _____

I, _____, would appreciate your writing a letter of recommendation on my

behalf for (please circle): **MD/DO** **Physician Assistant** **Nursing/Nurse Practitioner** **Dentist**

Physical Therapist **Occupational Therapist** **Other** _____

I have requested that the following individuals write letters of evaluation to support my Health Careers Committee letter.

NAME: _____ **EMAIL ADDRESS:** _____

NAME: _____ **EMAIL ADDRESS:** _____

NAME: _____ **EMAIL ADDRESS:** _____

NAME: _____ **EMAIL ADDRESS:** _____

NAME: _____ **EMAIL ADDRESS:** _____

NAME: _____ **EMAIL ADDRESS:** _____

NAME: _____ **EMAIL ADDRESS:** _____

NAME: _____ **EMAIL ADDRESS:** _____

Articulation Agreement Interest:

I am planning to apply to the following program(s) and would like to utilize St. Lawrence’s articulation agreement with the indicated institution(s).

Clarkson Physician Assistant

UNE-COM DO medical school

Clarkson Physical Therapy

University of Rochester Nursing

