Pathway to Residency for MD and MD/PhD Students
Applicant Letter of Recommendation (LoR) Cover Sheet

Date __________________________ LoR Author __________________________
Applicant Name __________________________
Specialty to which this letter is to be assigned __________________________

Thank you for agreeing to write a letter of recommendation in support of my residency application. This cover sheet explains the special procedures needed to prepare a letter for the Pathway Program application.

Instructions for LoR Author: Send the letter of recommendation to the Icahn School of Medicine at Mount Sinai Office of Student Affairs by June 22, 2020 for transmission to the Pathway Program using the following information:

1. Please include in my letter:
   ☑ My name.
   ☑ Address the letter to "Dear Program Director" – individualized salutations are not necessary.
   ☑ Whether or not I have waived my right to see this recommendation, as indicated below.
   ☑ Your signature, as well as your full name and title. A letter cannot be shared without your signature.
   ☑ Double check spelling of my name and references to him/her, he/she if you are using a template letter.

2. Please send the LoR along with this Cover Sheet to Student Affairs via email:
   o Please email PDF files to student.affairs@mssm.edu
   o Subject: Student Name – Pathway LoR

4. Your letter must be written on letterhead, or display your full signature with your title and institution.

Thank you for supporting my residency application.

☐ I waive / ☐ I do not waive my rights to see this letter.

If "waive" is selected, I waive my right to see this letter under the Family Educational Rights and Privacy Act (FERPA). I acknowledge that this letter is for the specific purpose of supporting my application.

Applicant Signature __________________________