MARRIAGE & FAMILY THERAPY
MERCER UNIVERSITY SCHOOL OF MEDICINE
LETTER OF RECOMMENDATION FORM
(This Form must be attached to the Letter of Recommendation)

Applicant's Name _____
Last First Middle

TO THE APPLICANT: The right to have access to the accompanying letter is given under the Family Educational Rights and Privacy Act. Please indicate below whether or not you desire to waive your right of access to this letter should you be admitted and actually enrolled in the Marriage & Family Therapy Program in Mercer University School of Medicine. If you do not waive your right, this fact will not affect your chances of acceptance in any way.

I hereby ( ) waive ( ) do not waive
my right to see the accompanying letter if I am admitted and actually enrolled in the Marriage & Family Therapy Program in Mercer University School of Medicine. I understand that I do not have any right of access if I am not accepted into this Program.

_____ _____
Date Applicant's Signature

PLEASE RETURN TO THE OFFICE OF ADMISSIONS & STUDENT AFFAIRS
MERCER UNIVERSITY SCHOOL OF MEDICINE
1550 COLLEGE STREET, MACON, GA 31207.

TO THE RESPONDENT: The applicant named above has chosen you to submit a Letter of Recommendation in support of an application to the Marriage & Family Therapy Program in Mercer University School of Medicine. As you formulate your thoughts, please keep in mind the mission and the educational methodology of our program. The mission of the Mercer University School of Medicine is to meet the primary care and health care needs of rural and medically under-served areas of Georgia. This program of study satisfies the requirements to sit for the Georgia licensing exam as a marriage and family therapist. The Program seeks to provide professional education and clinical training which will enable students to treat individuals, couples, families, and children from a family therapy perspective.

As you write this letter, please address (1) how long and in what capacity you have known the applicant; (2) why you feel this applicant would be a good candidate for the Marriage & Family Therapy Program which complies with the mission of Program and the School of Medicine.

Please include any additional information that you feel would be helpful in describing this applicant. Your rating of this applicant relative to peers would be especially helpful.

THIS FORM MUST BE SIGNED BY YOU BELOW AND THE APPLICANT ABOVE AND ATTACHED TO YOUR LETTER OF REFERENCE.

Signature_____ Date_____

Printed Name_____

Title_____

Address_____