

# Sample Medical School Recommendation Letter from a Doctor

A **sample medical school recommendation letter from a doctor** provides a detailed and trustworthy endorsement of an applicant's qualifications, character, and commitment to the medical profession. It typically highlights the applicant's academic abilities, clinical skills, professionalism, empathy, and dedication to patient care, offering admissions committees valuable insights from a practicing medical professional. Such a letter strengthens the applicant's medical school application by validating their potential to succeed in rigorous medical training and future healthcare practice.

## Template

*[Doctor's Letterhead]*

*[Date]*

Admissions Committee

*[Medical School Name]*

*[Medical School Address]*

Dear Admissions Committee,

I am delighted to write this letter of recommendation on behalf of **[Applicant's Full Name]** for admission to your esteemed medical school. As a practicing physician at **[Hospital/Clinic Name]** and someone who had the privilege of supervising **[Applicant's First Name]** during their clinical rotation, I am confident in my assessment of their abilities and potential.

During their time in our clinic, **[Applicant's First Name]** consistently demonstrated outstanding academic acumen, a strong work ethic, and a genuine commitment to patient care. They exhibited a remarkable capacity to assimilate complex medical knowledge and apply it effectively in clinical settings. Their ability to interact empathetically with patients, communicate clearly with the healthcare team, and perform under pressure was impressive.

What distinguishes **[Applicant's First Name]** is not just their intellect, but their character. They are compassionate, respectful, and always maintain the highest levels of integrity and professionalism. Their curiosity and enthusiasm for learning are matched by a deep sense of responsibility towards their patients and colleagues alike.

Based on my experience working with **[Applicant's First Name]**, I believe that they possess all the qualities necessary to succeed in the challenging environment of medical school and to make significant contributions to the field of medicine in the future. I give my strongest recommendation for their application to your program.

Please feel free to contact me at **[Doctor's Email]** or **[Doctor's Phone Number]** should you require any additional information.

Sincerely,

*[Doctor's Name, MD]*

*[Title / Department]*

*[Hospital/Clinic Name]*