Fillable Template for Departmental Request  
for Letters of Recommendation for **Appointment**

**(Please Remove Heading Above and Place on**

**Chair Letterhead)**

Click or tap to enter a date

Address to:

Click or tap here to enter Candidate’s Letter Writer Name

Click or tap here to enter Title/Rank

Click or tap here to enter Address

Click or tap here to enter City, State, Zip

RE: **Click or tap here to enter Candidate’s Name -** Cooper Medical School of Rowan University Faculty Appointment

Dear Dr. Click or tap here to enter Letter Writer’s Name:

Dr. Click or tap here to enter Candidate’s Name is currently seeking academic appointment at the Cooper Medical School of Rowan University to Click or tap here to enter Rank and Department. Dr. Click or tap here to enter Candidate’s Name has given us your name as someone who may be willing to write a letter of support for this appointment.

We suggest you follow the following outline for your appointment letter:

Opening Paragraph:

Indicate your support for the candidate, what academic rank the candidate is seeking and how well you know the candidate’s abilities. This letter can begin as follows: ***It is with pleasure that I write this recommendation letter for* Click or tap here to enter Candidate’s Name*, for appointment as* Click or tap here to enter Rank and Department*, coterminous, non-tenure track, at Cooper Medical School of Rowan University.***

Next:

Briefly review the candidate’s pre-faculty academic years (medical school, residency, fellowship) with attention to awards, accomplishments and achievements.

Next:

Discuss the clinical teaching, lecturing abilities and educational abilities of the candidate with attention to significant academic development. Note awards and accomplishments as well as any curriculum development.

Next:

Review the candidate’s research and scholarly accomplishments. If needed, emphasize abstracts, works in progress, grant submissions, invited lectures, invited panelists, etc. This is a critical part of the letter.

Final:

Summarize your support for the candidate. Remark on their educational and academic abilities and potential and note for the committee the special characteristics of the candidate. Again, your final paragraph should include wording such as: ***In summary, I support Dr.*** Click or tap here to enter Candidate’s Name***’s appointment to* Click or tap here to enter Rank and Department *at Cooper Medical School of Rowan University.***

Please find attached the CV from the candidate for your perusal.

We appreciate your taking the time to assist us with this evaluation. We need your response at your earliest convenience. Needless to say, your comments will be kept confidential during the review process.

Please be sure when completing your letter that your current academic title is included in your signature line or on your letterhead. Stamped or typed signatures are not permissible.

Your recommendation letter should be addressed to me as the Chair of the Department of Click or tap here to enter Department. You may scan and email your letter back to Click or tap here to enter email address or mail the original letter to:

Click or tap here to enter Recipient’s Name

Click or tap here to enter Address

Click or tap here to enter City, State, Zip

Thank you, in advance, for your assistance with Dr. Click or tap here to enter Candidate’s Name’s faculty appointment to CMSRU.

Sincerely,

Click or tap here to enter Chair’s Name

Chair, Department of Click or tap here to enter Department  
Click or tap here to enter Academic Rank at CMSRU