



HARVARD MEDICAL SCHOOL
CENTER FOR BIOETHICS
MASTER OF BIOETHICS
<http://bioethics.hms.harvard.edu/masters-degree>

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bioethics_masters@hms.harvard.edu

Letter of Recommendation Form

Please print this form and follow the directions below.

PART 1 – To be completed by the Applicant

Last Name (surname) _____ First Name (given) _____ Middle Name _____

I hereby waive any right to examine this letter of recommendation. I realize that the University will utilize this recommendation only in conjunction with consideration of my admission to the Master of Bioethics graduate program. I realize that a waiver of my right of access to this recommendation is not a condition of my admission.

I agree to the above waiver: YES _____ NO _____

Signature of Applicant _____

E-mail _____ Date _____

PART 2 - To be completed by the Referee

We appreciate your cooperation in providing a candid evaluation of the above named applicant's preparation for and ability to succeed in graduate study. If the applicant has agreed to the above waiver, HMS will hold this form and accompanying letter as confidential.

Please complete this form, scan it, and email it along with your scanned recommendation letter (on official letterhead) to the email bioethics_masters@hms.harvard.edu.

If you prefer to print and send your letter through the mail, please enclose your letter of recommendation in an envelope with a signature (or other official marking) across the seal to the address below:

Brooke Tempesta
Harvard Medical School
Center for Bioethics
641 Huntington Avenue
Boston, MA 02115

When writing the letter of recommendation for this applicant, please address the following:

- In what capacity do you know the applicant?
- Describe how the applicant has demonstrated an interest in bioethics.

Please ensure that your letter of recommendation includes:

- The applicant's full name
- Your full name, title or position, and contact information

Referee Name _____

Position _____ Institution Telephone # _____

Referee E-mail _____ Date _____