

THE MEDICAL SCHOOL APPLICATION SYSTEM

Recommendation Letter Strategy Pack



Choose the right writers. Give them the right evidence. Keep every letter moving.

Build a portfolio, not a pile

The goal is not the maximum number of letters. It is the smallest set that satisfies every school and adds distinct evidence to your file.

1

Map requirements

Record each school's minimum, maximum, required writer types, and committee-letter policy.

2

Cover the core

A common planning set is two science faculty letters plus one non-science or other academic letter.

3

Add only signal

Use one research, clinical, service, or employer letter only when it adds firsthand evidence not already covered.

Your default letter bench

Role	What this writer should prove	Use when
Science faculty 1	Analytical ability, scientific reasoning, disciplined learning	Required by a school or central to your academic case
Science faculty 2	Independent thinking, growth, performance across challenge	A second science instructor is required or meaningfully different
Non-science / academic	Writing, discussion, perspective-taking, communication	A school requests it or it broadens your academic picture
Research mentor	Scientific inquiry, ownership, resilience, collaboration	Research is a major application theme or MD-PhD fit matters
Clinical / service supervisor	Reliability, empathy, teamwork, service orientation	They observed sustained, substantive work directly
Employer	Professionalism, leadership, judgment, accountability	You are nontraditional or employment is a major recent experience
School rules win. Some schools accept a committee letter in place of individual letters; others specify instructors, departments, recent supervisors, or maximum counts. Requirements change. Recheck each official admissions page before assigning letters.		

Decision rule

Keep a letter only if it is **required** or it adds a new dimension with specific evidence. Do not send an "extra" letter merely because AMCAS allows up to 10 entries.

Ask people with evidence, not impressive titles

The best writer can describe how you behaved, what changed because of your work, and how you compare with peers.

Prioritize this writer

- ☐ Observed you directly and repeatedly
- ☐ Can recall two or more specific situations
- ☐ Knows your growth, not only your final result
- ☐ Can assess traits relevant to medical training
- ☐ Can meet the deadline and follow submission rules
- ☐ Responds enthusiastically to a request for a *strong* letter

Usually avoid

- A famous person who barely knows you
- A family member, family friend, or peer
- A physician you only shadowed passively
- An instructor whose only evidence is your grade
- A supervisor with whom you had unresolved conflict
- Anyone who sounds hesitant, asks you to write the entire letter, or cannot promise a candid assessment

The evidence test

Before asking, finish this sentence for the writer:

“Dr. Chen saw me _____, which demonstrates _____.”

If you cannot name an observed action and a relevant quality, the relationship may be too thin.

Interpret the response

“Absolutely.”	Proceed; confirm logistics.
“I can, but I’m busy.”	Clarify the deadline; offer an easy decline.
“Remind me who you are.”	Rebuild the relationship or choose another writer.
“Send me a draft.”	Offer a story bank and talking points instead; the assessment must remain theirs.

Special situations

Large lecture course

Use office hours, projects, teaching-assistant input, and a concise memory refresher. Ask whether the professor can personally endorse the letter.

Years out of school

Check school policies for alternatives. Favor recent supervisors while reconnecting early with academic writers.

Committee process

Start with your advising office. Internal interviews, forms, and deadlines may precede AMCAS by months.

Strong letters prove; generic letters praise

Admissions committees already have your grades and résumé. A useful letter adds witnessed behavior, context, consequences, and calibrated comparison.

Generic signal	Stronger signal
"Earth was an excellent student."	Names the difficult assignment or discussion, what you did differently, and the result.
Repeats GPA, MCAT, or résumé entries.	Explains what the writer personally observed that the application cannot show.
Lists adjectives: hardworking, kind, smart.	Uses a scene: situation → your action → effect → interpretation.
"Top student" with no context.	Defines the comparison group, timeframe, and reason for the ranking.
Describes the course, lab, or institution at length.	Keeps the applicant at the center.
Uses sweeping advocacy.	Offers a candid assessment of readiness, strengths, and growth.

The five-part anatomy

1. Relationship
How long, in what role, how much direct contact.

2. Specific observations
Two or three concrete moments, not a trait inventory.

3. Consequence
What improved, changed, or was learned because of the behavior.

4. Calibrated comparison
Compared with whom, across what period, and on what basis.

5. Bottom-line assessment
A clear judgment about readiness for medical school and likely contribution to a learning community.

Quality-control questions for your briefing packet

- ☐ Did I give the writer at least two stories they personally witnessed?
- ☐ Did I identify two or three competencies they are uniquely positioned to assess?
- ☐ Did I include outcomes, feedback, improvement, or comparison context?
- ☐ Did I flag any sensitive information that requires my explicit permission before inclusion?
- ☐ Did I avoid scripting conclusions the writer cannot honestly support?

AAMC guidance emphasizes accurate assessment, direct observation, context for grades or scores, permission before sharing sensitive information, and meaningful comparison information.

FREE PREVIEW · WHAT'S INSIDE THE FULL GUIDE

Recommendation Letter Strategy Pack

You've read the opening pages. Here is everything else the guide covers:

- The operating plan: a portfolio, not a pile
- Writer selection: evidence beats impressive titles
- Asking early — and making declining safe
- The fill-in brag sheet that gets you a strong letter
- Distinct evidence across letters: a complete portrait
- AMCAS rules summarized for the 2027 cycle
- Follow-up, gratitude, and verification checklist

Get the full guide — \$12