



Summer Medical Institute

Student Application: Professional Recommendation Form

Your Name: _____ Name of Applicant: _____

Your Address: _____

Your Phone Numbers: _____ Email: _____

Relationship to Applicant: _____

Your occupation (include degrees/specialties where applicable): _____

Please write a brief letter of recommendation below explaining why you think this applicant would benefit from the Summer Medical Institute and why this applicant should be selected as one of this year's participants. If using your own letterhead, please provide the same information asked for above. Thank you for helping this applicant in this manner.

Send recommendations to:

The Summer Medical Institute: Valley Baptist Family Practice Residency, 2222 Benwood St, Harlingen, TX 78552
Phone: 956-389-2448 Fax: 956-389-2498 Email familypractice@valleybaptist.net

Send recommendations to:
The Summer Medical Institute: Valley Baptist Family Practice Residency, 2222 Benwood St, Harlingen, TX 78552
Phone: 956-389-2448 Fax: 956-389-2498 Email familypractice@valleybaptist.net