# AbbVie’s *Rheumatology Fellowship Program*

**FORM B: *Letter of recommendation***

|  |  |  |
| --- | --- | --- |
| **Applicant Information** | **►**  **►** | Name:  Institute: |
|  |  |  |
| **Recommended by** | **►**  **►** | Name:  Institute: |
|  |  |  |
| **Letter of recommendation**  **(max. 2500 characters)** | **►** | Max. 2500 characters |

CH-ABBV-210042\_04/2021