REQUEST FOR EVALUATION

________________________ is applying to this committee for a recommendation to __________________ school.

We would appreciate your evaluation of this student in terms of the following attributes: intellectual potential, academic performance, industry, sensitivity to the needs and concerns of others, emotional stability or maturity, interpersonal relations, and integrity. We may include your evaluation in a composite letter which will be sent to all schools to which the applicant applies or we may send your letter in its entirety. Please make your letter as explicit and concrete as possible. It is helpful to give examples of how the applicant has demonstrated academic or personal qualifications. If you have taught the applicant, please indicate the approximate rank in class.

Please attach your evaluation on letterhead with your signature, title and affiliation. Please use the space below (or a separate sheet) for comments you wish to make confidentially to the committee, but not to be sent to the applicant’s program.

I, ___________________________, waive the right to see this letter in any form. Date: ______________

Please return to College of the Holy Cross, P.O. Box PREMED, 1 College Street, Worcester, MA 01610 by: ______________

In view of the applicant’s qualifications, I give the following recommendation:

Recommend very highly _____  Recommend highly_____  Recommended_____  Recommend with reservations_____  Wait to apply _____

Name ___________________________  Title _______________________________________________________________________

Date ___________________________  Signature _____________________________________________________________________

Please attach your signed evaluation on letterhead suitable to be forwarded to graduate schools.

Comments to be sent only to Health Professions Advisory Committee (please use space below or attach separate sheet):