

## Letter of Evaluation Request Form

Applicant: \_\_\_\_\_ for \_\_\_\_\_ school  
(name) (med, vet, etc.)

Evaluator: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Applicant:**

Check ONE box and sign below the appropriate statement:

I request that the above named person write an evaluation on my behalf to be used by the Health Professions Advisor in support of my application to school. I understand that the evaluation is held in confidence by the Health Professions Office. Accordingly, I hereby waive any and all rights to inspect and review the recommendation under the Family Education Rights and Privacy Act of 1974.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

I request the above named person write an evaluation on my behalf to be used by the Health Professions Advisor in support of my application to school. I preserve my right to inspect the recommendation.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

**Note:** Please have your evaluator read and sign the other side of this form and return it to the Health Professions Office (attached to their letter).

**Dear Evaluator:**

Your evaluation will aid the Health Professions Advisor in compiling a summary letter of recommendation that will be sent to schools on behalf of the applicant. A photocopy of your individual letter will be included in support of the summary evaluation we prepare. Therefore, please print your recommendation on official letterhead and refrain from referring to other students or making informal comments. Please indicate the basis of your appraisal (courses, your role as supervisor, mentor, coach, etc.) in your letter, and give an indication of how this student compares to other students *in general*.

Health professions schools are particularly interested in the following academic and personal qualities of the applicant:

- |                                    |                             |               |
|------------------------------------|-----------------------------|---------------|
| Intellectual ability               | Integrity                   | Enthusiasm    |
| Independence                       | Leadership                  | Creativity    |
| Writing skills                     | Perseverance                | Initiative    |
| Manual dexterity                   | Laboratory technique        | Cooperation   |
| Acceptance of criticism            | Self-confidence             | Dependability |
| Maturity                           | Ability to relate to others | Judgment      |
| Interpersonal communication skills |                             |               |

Specific observations are especially useful since they provide important insights that distinguish the applicant and add weight to the overall evaluation.

Please write your letter of evaluation on letterhead (don't forget to sign it!) and send it, along with this form, by **APRIL 15th** to:

The Health Professions Office  
Weston Hall  
995 Main Street  
Williams College  
Williamstown, MA 01267

Thank you very much for your assistance and cooperation!

Jane Cary  
Health Professions Advisor  
Williams College

**Evaluator use only:**

Applicants may request that the Health Professions Advisor provide letters of recommendation for summer employment, professional school, or other positions. If you are willing to have your letter of evaluation used for such a purpose, please sign below:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)