



**Pre-Health Advising Evaluation Form  
for Pre-Health Professions Advisory  
Committee Applicants ONLY**

**Section 1: To Be Completed by the Student**

(Please Print)

Name of Student \_\_\_\_\_ Student ID \_\_\_\_\_

Name and Title of Recommender \_\_\_\_\_

Statement of Applicant: I understand that a copy of the evaluation attached to this statement will be forwarded, at my request, to health-related institutions or agencies that I explicitly designate. I further understand that, if I waive right of access to this letter, I may not read it, and certify that I will not seek to do so, now or in the future. I also understand that I must select all evaluations (including the Committee letter) to be either all confidential or all non-confidential.

This Family Educational Rights and Privacy Act of 1974, as amended (P.L. 93-380), allows a candidate for admission to waive his/her right of access to confidential letters or statements written on his/her behalf if the evaluation is used solely for the purposes of admission and if the candidate, upon request, is notified of the names of all persons making such evaluations on his/her behalf. Under the legislation, candidates have the option of signing a waiver which is effective insofar as the evaluation is used solely for the purpose of admission.

You *must* check one:

\_\_\_\_\_ This is a confidential evaluation, and I waive my right of access to it.

\_\_\_\_\_ I retain my right of access.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please indicate which category you intend this letter to be used for:

Science  Non-Science  Clinical  Research  Osteopathic

**Section 2: To the Evaluator**

If appropriate, please comment on the following:

- how you came to know this candidate;
- his or her academic performance and potential (critical and independent thinking, intellectual curiosity, overall intellectual ability);
- his or her maturity, integrity, motivation, and other qualities important for a career in the health professions.

Some guidelines:

- Please use an appropriate salutation "Dear Admissions Committee:" or "To whom it may concern:"
- Your letter will be forwarded in its entirety to admissions committees of several health-related programs so **please do not indicate a specific school on your letter.**
- Please type your evaluation on letterhead stationery.
- **Please do not include the student's social security number** in the letter.
- Neither this form, nor the accompanying letter, should be returned to the candidate.

Please contact Pre-Health Advising at 773-508-3636 with any questions you might have.

Evaluator: Please return this Form AND your Letter of Recommendation

**VIA US Mail to:**

Office of Pre-Health and Pre-Law Advising  
Sullivan Center 262  
Loyola University Chicago  
1032 W. Sheridan Rd.  
Chicago, Illinois 60660

**OR**

**VIA Campus Mail to:**

Office of Pre-Health and Pre-Law Advising  
Sullivan Center 262  
LSC

**Fax Number 773-508-3690**

This form is for students utilizing the Loyola University Chicago Pre-Health Advisory Committee as an applicant to enter a Medical, Dental, or Optometry School class commencing fall of 2012.

The Pre-Health Office will begin accepting letters of evaluation in October 2010.

Individual letters of evaluation are due in the Pre-Health Office by **Friday, April 1, 2011.**