



LETTERS OF EVALUATION

Health Professions Programs

To the student requesting the evaluation:

You are responsible for giving this form to a faculty member or other evaluator of your choice and for ensuring that it is returned to The Career Center by the appropriate deadline. Writing letters of evaluation is a time-consuming task, so we encourage you to allow at least four weeks for the evaluator to complete this form and return it to The Career Center. It is the student's responsibility to make sure The Career Center receives all letters of evaluation.

Neatly print or type the appropriate information on the other side of this form. Indicate whether or not you waive your right of access, provide your Emory student ID number, then sign and date the form. Failure to provide signature will delay the processing of this form. **Identify any and all pre-health programs that you anticipate submitting an application to (Example: MD and DO if you intend to apply to osteopathic programs). Failure to do this will cause a delay in processing your requests. Should you decide to apply to programs other than specified on this form, you will be required to obtain permission from your evaluators.**

Please note: The Career Center does not review, rank or comment on submitted letters of evaluation.

To the evaluator: Your assistance in writing this letter is greatly appreciated. Letters of evaluation are valuable to admission committees as they can offer an insight into the applicant's character and personality that may not otherwise be detectable from an application. Informative letters are helpful at all schools and assist students in gaining admission.

Please comment on the applicant's qualifications for professional school using the categories specified. You are encouraged to keep a copy for future reference. Your letter is of prime importance and it will be reproduced and sent to the schools designated by the student. If a student is personally delivering a letter of evaluation for you, the envelope must be sealed and signed with your signature across the seal. **If a student has waived access to their letters, please do not provide copies of your evaluation to the student.**

Admissions committees appreciate and in some cases require typed evaluations on official letterhead.

Unless specified above, students wishing to use your submitted letter for purposes other than the initial intent will need to secure your (the evaluator's) permission in writing. If requested, please provide permission via email to Mildred Davis-Echols, mdavise@emory.edu.

Submittal Options: (Please return your evaluation along with this completed form) VIA:

- Electronically (as a .pdf attachment with signature) to: credentials@emory.edu
- Regular Mail, Campus Mail or Hand Delivery to:
The Career Center, 200 Dowman Drive, Suite 200, B Jones Center, Emory University, Atlanta, GA 30322
OR:

If you have any questions or comments about this procedure, please feel free to call The Career Center at 404.727.6211



Letter of Evaluation for _____
(Applicant's Name)

I authorize _____ to provide an evaluation of my qualifications for the following health profession program(s):

Check all that apply:

<input type="checkbox"/>	Allopathic	<input type="checkbox"/>	Osteopathic
<input type="checkbox"/>	Dental	<input type="checkbox"/>	Optometry
<input type="checkbox"/>	Physical Therapy	<input type="checkbox"/>	Public Health
<input type="checkbox"/>	Pharmacy	<input type="checkbox"/>	Podiatry
<input type="checkbox"/>	Veterinary	<input type="checkbox"/>	
<input type="checkbox"/>	Other:		

I _____ waive my right of access to this evaluation provided under the Family Educational Rights and Privacy Act.
(Do / Do Not)

Student's Empl Id: (Emory Student ID#) _____

(Applicant's Signature)

(Date)

Letter of Recommendation Competencies:
Writer – Please attach your letter to this form
(Check one for each category - for details, see attached)

I. Thinking & Reasoning

<input type="checkbox"/>	Exceptional
<input type="checkbox"/>	Substantial
<input type="checkbox"/>	Moderate
<input type="checkbox"/>	Minimal
<input type="checkbox"/>	N/A - Unable to Assess

II: Science Skills & Knowledge

<input type="checkbox"/>	Exceptional
<input type="checkbox"/>	Substantial
<input type="checkbox"/>	Moderate
<input type="checkbox"/>	Minimal
<input type="checkbox"/>	N/A - Unable to Assess

III: Interpersonal

<input type="checkbox"/>	Exceptional
<input type="checkbox"/>	Substantial
<input type="checkbox"/>	Moderate
<input type="checkbox"/>	Minimal
<input type="checkbox"/>	N/A - Unable to Assess

IV: Intrapersonal

<input type="checkbox"/>	Exceptional
<input type="checkbox"/>	Substantial
<input type="checkbox"/>	Moderate
<input type="checkbox"/>	Minimal
<input type="checkbox"/>	N/A – Unable to Assess

Overall Rating of Applicant

<input type="checkbox"/>	Recommended w/ Enthusiasm
<input type="checkbox"/>	Recommended w/Confidence
<input type="checkbox"/>	Recommended
<input type="checkbox"/>	Recommended w/Reservation
<input type="checkbox"/>	Not Recommended

(Evaluator's Signature)

(Rank / Title)

(Date)

(Evaluator's Printed Name and Address)
(evaluation cover form, rev. 9-03-2013)