



Pre-Medical Program | West Chester University | West Chester, PA 19383
610-436-2978 | fax: 610-436-3277 | www.wcupa.edu

PRE-MEDICAL COMMITTEE EVALUATION FORM

Applicant Name: _____

_____ I have waived _____ I have not waived my right to see this evaluation.

Date: _____ Applicant Signature: _____

For the Evaluator (please fill out section below):

The above named student is applying to the West Chester University Pre-Medical Committee for recommendation to professional school. We would appreciate your confidential evaluation of this student in terms of the following attributes where possible: academic performance, intellectual potential, industry, emotional stability or maturity, interpersonal relations, integrity, and sensitivity to the needs of others. We may include excerpts of your evaluation in, and attach your entire evaluation to, a composite letter which will be forwarded to all the schools to which the applicant applies. Please make your letter as explicit and concrete as possible, with examples of how the applicant has demonstrated outstanding academic or personal qualities. For your evaluation, please attach a separate statement to this form. **Your evaluation must be typed on letterhead with a signature.**

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

- _____ Recommended Very Highly
- _____ Recommended Highly
- _____ Recommended
- _____ Recommended With Reservations
- _____ Not Recommended

Evaluator Name (please print): _____

Position/Title: _____ Telephone #: _____

Address: _____

Date: _____ Evaluator's Signature: _____

Kindly return this form and your letter of evaluation to:

Pre-Medical Program Office
750 S. Church Street, SSS 117A
West Chester University
West Chester, PA 19383