



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

OR email this evaluation form and letter of evaluation to
pmed@wcupa.edu