

**CLARION UNIVERSITY
PRE-PROFESSIONAL COMMITTEE FOR THE HEALING ARTS
EVALUATION REQUEST FORM**

To be read and completed by student:

The Family Educational Rights and Privacy Act of 1974 gives individuals the right to inspect letters of recommendation written in support of an application for admission, fellowships, or other forms of financial assistance. In addition, the law permits students to expressly waive the right to inspect letters submitted on their behalf.

I, the undersigned, understand my rights. I hereby waive any and all rights to access the attached letter of recommendation. I understand that this agreement is binding and that I do not retain any right to revoke or amend this waiver. Furthermore, the below signed student grants permission to the evaluator and the pre-professional committee to review and release any and all personally identifiable information contained in the student's letter of recommendation and student educational records. This allows the committee to disclose the student's letters of reference and educational records to another educational institution in which a student seeks admission or intends to enroll.

(Print Student's Name)

(Pre-Professional Program to which the Student is Applying)

(Student's Signature)

(Date)

(Evaluator's Name)

To be read and completed by evaluator:

The above named student has requested a personal letter of recommendation for a post-undergraduate pre-professional program. We will include your evaluation, in whole or as part of a composite letter which will be sent to all schools to which the applicant applies. Please make your letter as explicit and concrete as possible.

Evaluator's Signature _____ Position _____

How long have you known the applicant? _____

In what capacity? _____

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

Recommended very highly (top 5-10%
20%)

Recommended highly (top 15-
20%)

Recommended (top 25-50%)
reservations

Recommended with

Not recommended

Please attach a letter of evaluation and any additional comments. Clarion University's pre-professional committee would appreciate a critical evaluation of the student in terms of the following attributes (if applicable):

- intellectual potential
- academic performance
- experience in a healthcare setting
- employment experience
- sensitivity to the needs and concerns of others
- emotional stability or maturity
- interpersonal relations
- integrity

Give examples of how the applicant has demonstrated outstanding academic or personal qualifications. If you have taught the applicant, please indicate the appropriate rank in class.

Please return the letter by **April 15th** to:

Dr. Valerie Bennett
Department of Biology
Clarion University of Pennsylvania
Clarion, PA 16214
vbennett@clarion.edu
FAX 814-393-2731