I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, request that you evaluate me as a potential candidate for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ school, and your completed evaluation be sent to the Pre-Health Professions Committee of Western Connecticut State University.

**For the student:** I request that this evaluation be sent to the Pre-Health Professions Committee of WCSU with the understanding that all or parts of it may be sent to the admissions offices of professional schools in the health sciences that I designate.

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

Students may access this letter unless they waive that right in writing according to the Family Education Rights and Privacy Act. A student is not required to waive their right to access the letter. If the student chooses to, the student should sign and date below:

I waive my right to access to this letter and any part of a composite letter which may draw from it, now and in the future.

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

**To the evaluator:** Please evaluate the above named student in comparison to others you have known that have pursued a similar program.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Outstanding (top 5%) | Superior  (next 5%) | Good (next 10%) | Above average (next 20%) | Average (middle 20%) | Below Average (lower 30%) | Poor (lowest 10%) | No basis for judgement |
| Intellectual Ability |  |  |  |  |  |  |  |  |
| Emotional Maturity |  |  |  |  |  |  |  |  |
| Integrity |  |  |  |  |  |  |  |  |
| Relationship with peers |  |  |  |  |  |  |  |  |
| Initiative |  |  |  |  |  |  |  |  |
| Consistency of Effort |  |  |  |  |  |  |  |  |
| Ability to communicate |  |  |  |  |  |  |  |  |
| laboratory technique |  |  |  |  |  |  |  |  |

**Please see reverse side**

Please attach a signed and dated letter which:

* Begins with “Dear Admissions Committee”
* States your relationship with the student and the length of time you have known them
* Reflects on significant strengths AND weaknesses of the student

and addresses any of the following topics, as you feel comfortable. Concrete examples are helpful.

* + The student’s intellectual capacity to complete the academic demands of professional school (including problem-solving and critical thinking abilities)
  + The student’s social/interpersonal skills when interacting with peers, instructors, employees, or patients.
  + Their empathy and concern for others
  + Their motivation for professional school
  + Their leadership ability
  + Their capacity for self-improvement
  + Manual dexterity (dental school applicants)

Would you want this student to practice their envisioned profession on you or your family?

I recommend this student with enthusiasm

I recommend this student

I recommend this student with reservations

I do not recommend this student.

Signature Date:

Please return to

Kristin Giamanco

[Giamancok@wcsu.edu](mailto:Giamancok@wcsu.edu)

*If mail is preferred, please send to:*

Kristin Giamanco

Western Connecticut State University

Biology Department

181 White Street

Danbury, CT 06810

Thank you for the time you invested completing this evaluation. It is very important for the students applying to professional school.