

Mailed _____

REQUEST FOR EVALUATION

PRINT THE REQUIRED INFORMATION

YOUR NAME _____ DATE _____

Evaluation for: Medical _____ Dental _____ Podiatric _____ Optometry _____

Other _____ School _____

I am requesting the HPAP office to send a Request for Evaluation letter to:

FULL NAME _____

DEPARTMENT _____

ADDRESS
(If not CAMPUS,
include city,
state and zip
code) _____

TITLE OF
EVALUATOR _____

Your Relationship to Evaluator:

____ Professor Course _____ Semester/Yr _____

____ T.A. Course _____ Semester/Yr _____

____ Employer _____ Date(s) _____

____ Other _____ Date(s) _____

Return completed form to:

University Pre-Professional Advising Services
Health Professions Advisory Program
The College of Arts and Sciences
Syracuse University
312 Hall of Languages
Syracuse, NY 13244-1170

Students Requesting Evaluations, **Please note:**

You are responsible for supplying accurate and complete information, checking your file to make sure recommendations have been received, and following up on recommenders who need a *gentle* reminder.

Requested letters should be received in this office by March 1, 2007.



SYRACUSE UNIVERSITY

THE COLLEGE OF ARTS AND SCIENCES/OFFICE OF THE DEAN
UNIVERSITY PRE-PROFESSIONAL ADVISING SERVICES
HEALTH PROFESSIONS ADVISORY PROGRAM

Applicant: Check the appropriate slot, sign, date and print your name.

Under the provisions of the Family Educational Rights and Privacy Act of 1974

_____ I waive my right of access to this evaluation/recommendation.

OR

_____ I retain my right of access to this evaluation/recommendation.

Applicant's Signature

Date

Print Name: First, Middle, Last

Letter Writer: Please attach this form to the formal stationery of your institution. Your letter will be reproduced and sent along with the other letters in this applicant's file to the professional schools to which the applicant applies.

I, the reference writer, submit this evaluation/recommendation to Syracuse University Health Professions Advisory Program in full accord with the conditions set forth by the applicant on this form.

Reference Name _____

Signature _____

Position _____

Date _____