

**Letter of Evaluation Request Form**  
**Marist College Pre-Health Professions Committee**

Applicant: \_\_\_\_\_ for \_\_\_\_\_ school  
(name) (med, vet, etc.)

Evaluator: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

---

**Applicant: Check ONE box and sign below the appropriate statement:**

---

I request that the above named person write an evaluation on my behalf to be used by the Pre-Health Professions Committee in support of my application to medical or other health professional schools. I understand that the evaluation is held in confidence by the Advisor to the Health Professions. Accordingly, I hereby waive any and all rights to inspect and review this recommendation under the Family Education Rights and Privacy Act of 1974.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

I request the above named person write an evaluation on my behalf to be used by the Pre-Health Professions Committee in support of my application to medical or other health professional schools. I preserve my right to inspect this recommendation.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

Please supply your evaluator with a resume, CV, or other relevant biographical information.

The evaluator must return this form with their letter to Dr. Bettencourt **by March 1.**

**Dear Evaluator:**

Your evaluation will aid the Pre-Health Professions Committee in writing a composite letter of evaluation that will be sent to schools on behalf of the applicant. Your letter will be included in its entirety in the applicant's composite materials. With your permission, illustrative quotes from this letter may be used in the composite letter that is written. Therefore, please print your recommendation on official letterhead and refrain from referring to other students or making informal comments. The applicant has been instructed to provide you with a resume and/or other relevant biographical materials. Please contact the applicant if she/he has not completed the student portion of the waiver on the reverse side.

Please make an assessment of this applicant as a person, as a student, and as a potential professional in a health career by addressing the following:

1. How long have you known the applicant and in what capacity? Briefly describe the course, the internship, the employment position, etc. in which you came to know the applicant.
2. Describe the applicant's intellectual capability, problem-solving skills, academic motivation, etc. Please limit descriptive information on the course you taught or the research you have published. Emphasize the student's performance.
3. Is the applicant's scholastic record a good index of his or her academic ability and potential?
4. Describe personal characteristics of the applicant. This list of characteristics may help you focus your descriptive insights into the applicant (not listed in any preconceived order of priority):

Perseverance/Diligence	Integrity	Maturity	Sincerity	Motivation
Imagination/Creativity	Innovation	Judgment	Humor	Independence
Ability to Cope w/Stress	Enthusiasm	Leadership	Initiative	Self-Confidence
Responsibility/Dependability	Curiosity			Organizational ability
Ability to relate to others	Interpersonal	Communication Skills		Acceptance of criticism

5. What are the applicant's primary strengths? In what areas will the applicant need to further develop?
6. What distinguishes the applicant as a student and as a candidate for admission to health professional schools? Does the applicant stand out in any way?

Specific observations and examples are especially useful because they provide important insights that distinguish the applicant and add weight to the overall evaluation.

**Please address your Letter of Evaluation to the Marist Pre-Health Professions Committee, print it on letterhead (don't forget to sign it and include your title/position) and send it, along with this form, before March 1 to:**

**Dr. Joseph Bettencourt, Jr.**  
**Advisor to the Health Professions**  
**School of Science**  
**Marist College**  
**Poughkeepsie, NY 12601**  
**(845) 575-3000, x-2243**  
[Joseph.Bettencourt@marist.edu](mailto:Joseph.Bettencourt@marist.edu)

Thank you very much for your assistance and cooperation!