

### Evaluation Letter for Pre-Health Professional Candidates

Candidate's Name	Major
Type of Professional School Under Consideration	
Evaluator's Name	Date
Evaluator's Title	Evaluator's Address
Evaluator's Phone Number	Evaluator's Email Address*
Evaluators Relationship to Applicant	Amount of Time Evaluator Has Known Applicant

**Student Statement on Letter Confidentiality**

After due consideration, I do \_\_\_\_\_ do not \_\_\_\_\_ waive my right to review this letter

Signed \_\_\_\_\_ Date \_\_\_\_\_

**To the Evaluator**

Please provide a written assessment of the candidate's potential for post-baccalaureate study in the health-related professional school indicated above. Include in your comments consideration of the candidate's intellectual abilities, work habits, motivation, maturity, personal stability, and communication skills. Anecdotal information and specific examples to support your assessments would be greatly appreciated. Please prepare you evaluation on a separate page; please type your letter and print it on your organization's letterhead. Attach that letter to this form.

Please return this form and your letter to:  
(Please return by June 30<sup>th</sup>)

LVC Health Professions Committee  
c/o Ms. Barbara West  
Administrative Assistant  
Department of Chemistry  
Lebanon Valley College  
101 N. College Ave.  
Annville, PA 17003-1400

\*Please furnish an Email address, if possible. A member of the Health Professions Committee may be contact you for an electronic copy of your letter.