

Health Professions Advising Office
A-207 Nelson Biological Laboratories, Busch Campus
604 Allison Road, Piscataway, NJ 08854
(732) 445-5667
Email: hpo@biology.rutgers.edu

EVALUATION FORM

STUDENT MUST COMPLETE THIS SIDE OF FORM. PLEASE PRINT CLEARLY

Last Name	First Name	Middle Initial	Class Yr.	RU ID Number
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Telephone Number	Major	Proposed Health Field
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Evaluator's Name	Course Title or Student's Position	Semester/Dates
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To the Student

Under the provisions of the federal law, students have the right to examine their educational records, including evaluations requested by them for inclusion in their files. This office subscribes fully to this law and its provisions.

At the same time, we advise you that faculty and other evaluators are likely to be more candid if they know that the letters will be kept in strict confidence and not viewed by the student. Professional schools prefer that all such evaluations are confidential. It may thus be to your advantage to sign a release which waives your right to see these letters and notes.

I relinquish my right of access to this evaluation.

Applicant's Signature	Date
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Note: Letters on file in the HPO may not be used in applying for employment since they were written as academic evaluations for prospective health professions admission. They may be released to health-related graduate programs and scholarship committees only.

Packets are compiled and disseminated for each student according to the procedures set forth by the HPO. With the sole exception of MD/PhD programs, **we do not customize packets per school**. The letters which comprise each packet are selected by the faculty/staff of the HPO. Without exception, letters are mailed by the HPO staff; **letters are never given to students**. If you wish to apply to a school which requires treatment of letters other than that stated above, you may wish to have your letters handled elsewhere.

Student's Name (please print)

Evaluator's Name (please print)

Title/Position

Department/Company

Association with Student

To the Writer

Your evaluation is a critical part of a student's application to medical, dental other health professional schools, graduate schools, and for scholarship applications. It will not be used for prospective employment. Your response and service to students is appreciated.

The following guidelines may be helpful to you in preparing a letter of evaluation for a health professions applicant.

1. Context in which you are/were associated with the applicant.
2. Nature of the work or research done by the individual.
3. Your evaluation of the applicant's performance, as compared with other individuals in comparable positions.
4. If applicable, courses in which you taught applicant and grade earned.
5. Personal attributes and any special personal strengths that might contribute to the individual's success as a health professional.

It is sometimes helpful to consider your own personal physician or dentist and those traits you find of major value in his or her treatment of you and your family members. Interpersonal skills, as well as intellectual acuity, can be important to this relationship. Specific examples of an individual's behavior or performance will carry more weight than general statements. The more you make the person come alive, the more effective this evaluation will be.

Your Evaluation

High-speed scanners and copiers will be used for processing letters. We have found that the final product of a hand-written letter can be difficult to read. For this reason, we ask that you please type your letter on departmental stationary. For ease of processing, we ask that you complete this form and attach it to your evaluation. Signed letters are preferred.

Letters of recommendation are confidential documents and must be treated as such. Therefore, students are not authorized to hand-carry documents unless they have the permission of a HPO staff member and the seal of the envelope has been signed by the writer. Please return it via mail, in the envelope provided by the student.