

Health Professions Advising Office
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EVALUATION FORM

STUDENT MUST COMPLETE THIS SIDE OF FORM. PLEASE PRINT CLEARLY

_____	_____	_____	_____	_____
Last Name	First Name	MI	Class Yr.	RU ID Number
_____	_____	_____	_____	_____
Telephone Number	Email address	Major	Proposed Health Field	
_____	_____	_____	_____	
Evaluator's Name	Course Title or Student's Position	Semester/Dates		

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 law also protects your right to privacy regarding your educational record. 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. Letters are most useful when they discuss your educational accomplishments. Professional schools prefer that all such evaluations are thorough and confidential. It may thus be to your advantage to sign a release which waives your rights.

I relinquish my right of access to this evaluation, and I give my evaluator permission to include details about my educational records.

Applicant's Signature

Date

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 in 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.

OVER>

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.

If you would like guidelines for preparing a letter of recommendation for a health professions applicant please go to <https://hpo.rutgers.edu/docman-lister/form-repository/136-guidelines-for-letter-writers/file>.

Submitting Your Evaluation

You may submit your evaluation through campus mail, regular mail, fax or via email. If you wish to submit your letter electronically via email to our office, please scan and send it as a PDF attachment to hpo@dls.rutgers.edu

Please be sure to submit your typed letter on departmental, or other letterhead that includes your contact information.

Please be sure to sign and date the letter.

Please include the date the letter was written, the student's full name and RUID number, your full name and your title

Letters of recommendation are confidential documents and must be treated as such. Therefore, students are not authorized to hand-carry documents unless the seal of the envelope has been signed by the writer