

RADFORD UNIVERSITY PRE-HEALTH STUDENT EVALUATION FROM

To the student: Please fill in the requested information in this box:

Name: _____

Radford University Student ID: _____

Applying for Admission to (MD, DO, PA, Pharmacy, etc.): _____

Applying for Admission in Year: _____

WAIVER OF STUDENT'S ACCESS TO LETTER OF EVALUATION

I, the undersigned, waive any rights of access to this evaluation accorded me by the Family Education Rights and Privacy Act of 1974 as amended and as described in 20 USC 123g (A) (1) (B) & (C), and sections 99.7 and 99.12 of the Rules of the Department of Health and Human Services (45 C.F.R. part 99). I understand that my signature will make the Radford University Pre-Health Advisory Committee Letter of Reference a confidential letter written on my behalf.

Student Signature

Date

OR

I, the undersigned, do not wish to waive my rights of access to the Radford University Pre-Health Advisory Committee Letter of Reference. I understand the letter will not be confidential.

Student Signature

Date

Dear Evaluator:

You have been selected to evaluate the above student for entrance into professional school. Your evaluation and comments may be used by the Radford University Pre-Health Advisory Committee to write a letter of evaluation to be included in the student's application. The comments you provide may be included in the letter, but their source will remain anonymous. We, the Radford University Pre-Health Advisory Committee, thank you for your careful consideration of this applicant. Your feedback will help us to better evaluate the student, prepare the committee letter, and strengthen our advising for this particular student.

When you have completed this form, please scan a copy of this signed document and your letter of evaluation on official letterhead to abalija@radford.edu. Feel free to contact Dr. Amy Balijsa with any questions you have.

Name of Evaluator: _____

Title of Position: _____

Address: _____

E-mail: _____

Signature: _____ Date: _____