

Letter of Evaluation Request, Waiver, and Inspection Form

Student's Name [Click here to enter text.](#)

Graduation Date [Click here to enter text.](#)

Academic Major(s) and Minor(s) [Choose an item.](#) [Click here to enter text.](#)
[Choose an item.](#) [Click here to enter text.](#)

Type of Health Professions School [Choose an item.](#) [Choose an item.](#) [Choose an item.](#)
(Allopathic, Osteopathic, Dental)

Evaluator's Name [Click here to enter text.](#)

Date Due to Health Professions Committee March 10, 2023

The Family Educational Rights and Privacy Act of 1974 (Buckley Amendment) provides you with a right of access to confidential letters of evaluation relating to applications for admission to another school, for a job, or for an award, and no school or person can require you to waive this right.

In connection with your application to a health professions school(s)...

Waiver

<input type="checkbox"/> I hereby voluntarily waive and relinquish any right of access to this confidential composite letter of evaluation.	<input type="checkbox"/> I retain my right of access to this composite letter of evaluation.
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Request

I request the Health Professions Committee write a composite letter of evaluation for my application to a health professions school(s). It is my understanding that the evaluation will be based upon the Committee's knowledge of my academic performance, character traits, letters received by them on my behalf, and other information I provide to them.

Signature

Print Name

Date: _____

(Student Signature)

**Evaluator, please return form in accompaniment of your letter to Kristi Waybright (kwaybrig@gettysburg.edu)*

To the Student

Please deliver this form to the person by whom you wish to be evaluated. Please be considerate and give the evaluator **at least three weeks' notice** to complete the letter. Please be sure to ask the person verbally whether he or she is willing to write a letter on your behalf **before** you deliver this form.

To the Evaluator

Please send an electronic copy of your letter as a word document **as well as this signed form** to Kristi Waybright (kwaybrig@gettysburg.edu)

The Health Professions Committee at Gettysburg College is charged with recommending or not recommending this student for admission to medical or dental school. If a recommendation is made, the Health Professions Committee will write a composite letter of evaluation in support of the student's application. The Committee will excerpt your letter in the composite letter.

Guidelines

1. *Assessment*: Provide an *accurate assessment* of the applicant's suitability for medical/dental school.
2. *Relationship*: Briefly explain your relationship with the applicant.
3. *Quality*: is more important than letter length. Focus on the applicant rather than details about the course, lab, or assignment.
4. *Grades/Scores*: Only include information on grades or standardized test scores if you are providing context to help interpret them.
5. *Behaviors*: Focus on behaviors you have observed directly when describing the applicant's suitability for medical/dental school.
6. *Thinking & Reasoning*: Describe how the applicant has demonstrated *any (not all)* of the following thinking and reasoning competencies: critical thinking, quantitative reasoning, scientific inquiry, written communication.
7. *Science Competencies*: Describe how the applicant has demonstrated *any (not all)* of the following science competencies: living systems, human behavior.
8. *Interpersonal Skills*: Describe how the applicant has demonstrated *any (not all)* of the following interpersonal competencies: service orientation, social skills, cultural competence, teamwork, oral communication.
9. *Intrapersonal Skills*: Describe how the applicant has demonstrated *any (not all)* of the following intrapersonal competencies: ethical responsibility to self and others, reliability and dependability, resilience and adaptability, capacity for improvement.
10. *Recommendation*: At the end of your letter, please indicate if you recommend this student for admission as well as the strength of your recommendation. The Committee uses four degrees of recommendation: excellent, very good, good, or recommend.

The student has indicated a deadline on the front of this form. Students are advised to request letters far in advance of any application deadline, but with no less than three weeks' notice. The student has signed the front of this form to waive or not waive his or her right of access to this letter.

Please address any questions about this letter or about the Committee's procedures to Katy Mattson, the Health Professions Advisor (kemattso@gettysburg.edu or x6623). The Committee will excerpt your letter in their composite letter of evaluation, so please send an electronic copy of your letter as a word document **as well as this signed form** to Kristi Waybright, kwaybrig@gettysburg.edu.

Thank you for your time in this important process.