

*Pre-Health Council Letter of Evaluation Waiver Form & Instructions*

**Due: May 31<sup>st</sup>**

Evaluation for \_\_\_\_\_  
(student's name and) \_\_\_\_\_  
Candidate for \_\_\_\_\_ school  
(medical, veterinary, dental, etc.)

**STATEMENT OF APPLICANT:** I hereby waive my right to inspect this evaluation and separate letter of evaluation. I further understand that to the extent that I have reserved my right to read the composite letter of evaluation, any portion of such letter that contains a direct attribution from the recommender named here will be deleted from the copy given to me.

\_\_\_\_\_  
Signature of student

\_\_\_\_\_  
Date

**TO THE EVALUATOR:** **\*\*A formal letter MUST accompany this form.** This letter will be included in its entirety, without excerpt or change (save for spelling/typographical errors), to the admissions committees of medical and other health related programs and may also be cited in a composite letter of evaluation written on the student's behalf.

**Please Rate this Student and Include a hard copy Letter of Evaluation:**

_____ Very Highly recommended	(90-100 Percentile)
_____ Highly recommended	(75-90 Percentile)
_____ Recommended without reservation	(50-75 Percentile)
_____ Recommended with reservation	(25-50 Percentile)
_____ Evaluated	(0-25 Percentile)

**Suggestions for letters of reference:**

1. Ask the applicant to supply you with a resume, personal statement, and/or short essay regarding their candidacy to better inform you of his/her candidacy.
2. Comment on academic performance, attitude, character, motivation, leadership ability or special accomplishments of the above-named student. Comments regarding suitability of the student for their chosen health profession career are particularly helpful.
3. When possible, and if you believe it to be in the best interest of the student for whom you are writing, please rank him or her among other Adelphi students you have known.
4. Note that under the Family Educational Rights and Privacy Act we cannot guarantee confidentiality unless the student has waived his/her rights by signing above.
5. **Please retain a copy of the letter for your files; should the letter go astray in the mail we may require another copy.**

**All recommendations need to be on official letterhead, with a date provided and signature.**

**Please e-mail a PDF or word document to:**

David C. Oroza, M.S. ([oppaf@adelphi.edu](mailto:oppaf@adelphi.edu))

Director, Office of Pre-Professional Advising and Fellowships

Adelphi University

Nexus Building-145

Garden City, NY 11530

Name & title of recommender: \_\_\_\_\_

Department/Address: \_\_\_\_\_

Signature of recommender \_\_\_\_\_

(In place of your signature please type your full legal name)

Date \_\_\_\_\_