



Pre-Medical/Pre-Dental Advisory Committee  
c/o Dr. Evros Vassiliou, Chair  
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Kean University  
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**Students should complete the front side of this form. Evaluators need to sign the bottom of this page and complete the reverse side of the form.**

Last Name, First Name, Middle Initial \_\_\_\_\_

Telephone Number\_( ) \_\_\_\_\_ E-mail address \_\_\_\_\_

Home address \_\_\_\_\_

Major (specify option) \_\_\_\_\_

Class Year \_\_\_\_\_

Professional Goal (circle one):

MD/DO Physician

Podiatric Physician

Dentist

Veterinarian

Month and Year you plan to apply to Professional School \_\_\_\_\_

The only faculty members allowed to view the evaluations are the Pre-Medical/Pre-Dental Advisory Committee members. Students have the legal right to see the evaluations, unless that right is waived on this form. Most professional schools prefer evaluations be confidential, because evaluators tend to give more comprehensive evaluations of an applicant if the student waives his/her right to view the letter. The comprehensive description of the applicant is important to professional schools. Therefore we strongly suggest that you waive the right to view your letters of recommendation.

\_\_\_\_\_ I waive my right to view this evaluation.

\_\_\_\_\_ I do not waive my right to view this evaluation.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

I realize that that if the student has not waived the right to see this evaluation, the Pre-Medical/Pre-Dental Advisory Committee must show the letter to the student at their request.

\_\_\_\_\_  
Signature of Evaluator

\_\_\_\_\_  
Date

## To The Evaluator:

At a minimum, please address the following points in your evaluation, and sign both sides of this form. If you wish to submit a letter instead of this form please send a written copy on letterhead.

- In what capacity and how long have you known the applicant? If applicable, please describe the research or work he/she has performed under your guidance.
- What are the applicant's academic strengths and weaknesses? If possible, please comment on the applicant's laboratory techniques and abilities.
- What social skills/personal characteristics does the applicant possess that would be an asset or a disadvantage in the health care field?

Please use this space for your evaluation, or attach a separate letter on letterhead.

I would rank the applicant in .....

- \_\_\_\_\_ The top 5% of students in the class.
- \_\_\_\_\_ The top 10% of students in the class.
- \_\_\_\_\_ The top 25% of students in the class.
- \_\_\_\_\_ The top 50% of students in the class.

Signature of Evaluator \_\_\_\_\_

Date \_\_\_\_\_

Name of Evaluator \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_