



Pre-Medical/Pre-Dental Advisory Committee
c/o Dr. Evros Vassiliou, Chair
Department of Biological Sciences
Kean University
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Union, NJ 07083
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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 _____

To The Student:

In order for the Pre-Medical/Pre-Dental Advisory Committee to start your composite letter of recommendation several criteria must be met.

- You must have at least 3 individual recommendation letters on file. Five letters of recommendation are preferred. Of the five letters at least 3 should be from science faculty members and 1-2 should be from lab instructors.
- You must give the committee chairperson the stamped addressed envelopes. As these letters are going to professional schools you may consider typing the addresses on the envelopes rather than hand writing the addresses.
- You must complete this form.
- You must allow 4 weeks from the time all the above criteria have been met for the first letters of recommendation to be mailed. Subsequent letters will be mailed within 2 weeks from the time new envelopes have been given to the pre-medical committee chairperson.

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 composite letter, unless that right is waived on this form. Most professional schools prefer composite letters be confidential. Evaluators tend to give a more comprehensive evaluation 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 composite letter.

In order for you to view to the composite letter every recommendation form used in the composite letter must be returned with the “I do not waive my right to view this evaluation” selected, and with both your signature and the evaluator’s signature on every recommendation form. If any of the evaluator’s forms do not include a “do not waive” statement, you will NOT be able to view the composite letter.

_____ I waive my right to view the composite letter.

_____ I do not waive my right to view the composite letter.

Signature of Applicant

Date