

LETTER OF EVALUATION
for

Name of Student (please print)

Student I.D. Number

EVALUATOR: Please ensure that the student has signed the waiver statement below.

APPLICANT: Please check one of the boxes

NARRATIVE COMMENTS: *For maximum credibility, your comments regarding the general intellectual abilities and suitability for a career in one of the health professions are needed to support your overall rating of this applicant. Please attach a separate page if you require more space (typing is not required).*
