PERSONAL RECOMMENDATION REQUEST
UA HEALTH PROFESSIONS ADVISING OFFICE

THIS SECTION TO BE COMPLETED BY THE STUDENT:

STUDENT’S NAME: ___________________________ UA CWID: ____________________

I hereby voluntarily waive and relinquish access to this confidential evaluation

I request that my letter be submitted to the office no later by:

Student Signature ___________________________ Date ______________

Date ___________________________

It is strongly recommended that you choose to waive your right to view your letters and give letter writers at least two weeks to complete your letter. If you have questions, please ask.

TO THE PERSONAL EVALUATOR:

The Health Professions Advising Committee will use the information you provide to write a composite recommendation to support the application of the above named student to medical, dental, or optometry school.

Recommendations in general, particularly composite recommendations, are one of four major components of information used by admissions committees in selecting students. In a genuine effort to avoid dependence on impersonal numbers, admissions committees also place considerable importance on recommendations and personal interviews with applicants. These serve to put the quantitative information from transcripts and test scores in proper perspective. For our composite recommendation to be of greatest help, we must provide insights into the applicant’s nonacademic potential as well as personal qualities that go beyond what is revealed in academic records and test results. Your input and assessment of the applicant in these areas will be especially useful.

PLEASE RETURN THIS FORM AND YOUR LETTER TO: HEALTH PROFESSIONS ADVISING
BOX 870268
TUSCALOOSA, AL  35487-0268

OR RETURN ELECTRONICALLY TO: PREMED@UA.EDU

Professional schools will generally not accept letters that are not signed and on letterhead.
REQUEST FOR A FACULTY LETTER OF RECOMMENDATION
UA HEALTH PROFESSIONS ADVISING OFFICE

THIS SECTION TO BE COMPLETED BY THE STUDENT:

STUDENT’S NAME: ___________________________________________  UA CWID: ______________________

CONTACT WITH FACULTY EVALUATOR:

1) Course: __________________________________________________Semester/Year: __________________Grade: _______
2) Course: __________________________________________________Semester/Year: __________________Grade: _______

I hereby voluntarily waive and relinquish access to this confidential evaluation: ____________________________________________

Student Signature __________________________ Date ______________

I request that my letters be submitted to the UA committee by the following date: ________________________________

It is strongly recommend that you choose to waive your right to view your letters. Give letter writers at least two weeks to complete your letter. If you have questions, please ask.

TO THE FACULTY EVALUATOR:

The Health Professions Advising Committee will use the information you provide to write a composite recommendation to support the application of the above named student to medical, dental, or optometry school. We will send a copy of your letter to the professional schools along with our composite evaluation. Your input in the following areas will be especially useful:

1. Transcripts indicate only final course grades. If this student was enrolled in one or more courses you instructed, please give additional information about his/her performance, including, if possible, approximate rank in the class, consistency of work, strengths and/or weaknesses in content or skill areas of the course(s).

2. In the areas in which you are acquainted with this student, do you think he/she has performed at or below his/her potential? Do you think the academic record and test scores of this student are a good indication of his/her potential in the health professions? If not, please specify the qualities or circumstances of the student that would help put such quantitative measurements in better perspective.

3. Please make additional comments that address the qualities of this student such as: PERSEVERANCE, MOTIVATION, WORK HABITS, EMOTIONAL MATURITY, ABILITY TO COMMUNICATE, ABILITY TO WORK WITH OTHERS, JUDGMENT, COMMON SENSE, PERSONALITY, CHARACTER, LEADERSHIP, INITIATIVE, and RELIABILITY.

4. Please indicate your summary recommendation by indicating from the choices below. Your recommendation should be based on the applicant as compared to other premedical/ predental students with whom you have worked.

<table>
<thead>
<tr>
<th>Top Quartile</th>
<th>Second Quartile</th>
<th>Third Quartile</th>
<th>Bottom Quartile</th>
<th>No Recommendation</th>
</tr>
</thead>
</table>

FACULTY EVALUATOR SIGNATURE: __________________________ DATE: __________________________

TITLE AND DEPARTMENT: ____________________________________________

PLEASE RETURN THIS FORM AND YOUR LETTER TO:

HEALTH PROFESSIONS ADVISING
BOX 870268
TUSCALOOSA, AL 35487-0268

OR SEND AS AN EMAIL ATTACHMENT TO: PREMED@UA.EDU

Professional schools will not accept letters that are not signed and on department letterhead. Questions? Call (205) 348-5902