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