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

Student Signature ____________________________    Date ____________________________

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

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.