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 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