

**University of Dayton Premedical Programs Office
Evaluation Request Form**

To: _____ (evaluator)

From: _____ (student)

As part of my application for _____ school (medical, dental, pharmacy, etc.), I will be submitting letters of evaluation from faculty and staff to my advisor to utilize in writing the composite letter. I would like to ask that you write a letter of evaluation. If you agree to do so, you will receive a “request for evaluation packet” from Jennifer Schantz in mid-April. This packet will be emailed to your email account.

By signing this form, you are agreeing to provide this letter of evaluation, which is due (online) by **May 15, 2020.**

Thank you for your support!

Signature of Evaluator

Date

NOTE: THIS FORM MUST BE RETURNED BY THE STUDENT TO THE Premedical Programs Office. One copy will be left with you for your records.

Note to evaluator: Should this student request that the letter you write be used for an application to health professional school or to a graduate program or post-baccalaureate program at a later date, do you agree to allow the Premedical Programs Office to forward this letter?

_____ Yes

_____ Not without checking with me first