

UNION

COLLEGE

FOUNDED 1795

HEALTH PROFESSIONS PROGRAM EVALUATION FORM

Thank you for assisting the Health Professions Advisory Committee in its review of this applicant by completing the grid below and providing a letter that supports your ratings.

Step 1: The applicant completes the waiver **before** giving the form to the evaluator.

Step 2: The evaluator completes the grid before writing the letter.

Step 3: The evaluator writes a letter that supports the ratings with examples. (See back of page)

Step 1: TO THE APPLICANT: Complete the section below before submitting form to evaluator.

Name of Applicant _____ Class _____

Program(s) to which you will apply (please circle)

Medicine Osteopathy Optometry Dentistry Podiatry Pharmacy Veterinary Medicine

I (check one) DO DO NOT waive access to this evaluation

Applicant's Signature _____ Date _____

Step 2: TO THE EVALUATOR: Please rate the applicant compared to other students you have known.

	Outstanding Top 2%	Excellent Top 10%	Good Top 25%	Fair Next 25%	Poor Lower 50%	Unable To Judge
Thinking and reasoning						
Quantitative ability						
Communication skills- written						
Communication skills- oral						
Ability to work with others						
Reliability /dependability						
Resilience / adaptability						



See back side

OVERALL EVALUATION:

	Outstanding	Excellent	Good	Fair	Poor
Academic Ability					
Personal Qualities					

Do you have any concerns regarding this applicant? YES NO
If yes, please explain in your letter.

Was this student's grade in your course(s) an accurate reflection of their ability? YES NO N/A
If no, please explain in your letter.

Step 3: TO THE EVALUATOR: *Please write a letter supporting your grid ratings.*

In your letter, comments should focus on the applicant and observed behaviors rather than details about your course or grades. Please provide specific examples that illustrate your assessment of the candidate including the following:

- your relationship to the applicant and extent of contact with the applicant
- academic abilities (quantitative reasoning, scientific inquiry, critical thinking, intellectual curiosity, creativity etc...)
- interpersonal characteristics (ability to work with others, concern for others, communication skills)
- work habits (reliability and dependability, capacity for improvement)
- maturity (ability to handle stress, emotional stability, leadership ability)
- any concerns you may have about the applicant

For additional guidelines, see: [AAMC Letter Writer Guidelines](#) Your comments may be incorporated into a composite committee letter *verbatim*, so please write an assessment that is clear, concise, and fair.

Submission Guidelines:

The letter must be on official business stationery, addressed to the Health Professions Advisory Committee, typed, dated, and signed by you. **Both the completed Evaluation Form and the Evaluation Letter** are due no later than **the First Monday of March**. Electronic PDF submission is preferred at Health_pro@union.edu with the student's [last name, first name] in the filename and subject of the email. Hard copy submissions may be sent to:

**Health Professions Advisory Committee
Union College-Health Professions Office Olin 110
807 Union Street
Schenectady, New York 12308**

Please direct any questions to Professor Carol Weisse 518-388-6300 (e-mail: weissec@union.edu).

Name of Evaluator: _____ Dept. _____
(Please Print)

Title of Evaluator: _____

Signature of Evaluator: _____ Date _____