

UNION
COLLEGE
FOUNDED 1795

UNION COLLEGE HEALTH PROFESSIONS PROGRAM EVALUATION FORM

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 _____

TO THE EVALUATOR:

Thank you for assisting the Health Professions Advisory Committee in its review of this student by **completing the grid on the backside of this form and providing a letter in support of your ratings**. In your letter, comments should focus on the applicant and observed behaviors rather than details about your course or grades. When describing an applicant's strengths and/or weaknesses, please provide specific examples along with your description. Professional schools are particularly interested in ways the applicant may contribute to their incoming class. When composing the letter, please be sure to include:

- your relationship to the applicant and extent of contact with the applicant
- the unique contribution(s) you see this student making to her/his chosen field
- 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 (ability to work with others, reliability and dependability, capacity for improvement)
- maturity (ability to handle stress, emotional stability, leadership ability)

Your comments may be incorporated into a composite committee letter *verbatim*, so please take the time to write an assessment that is clear, concise, and fair. The letter must be on **official business stationery**, addressed to the Health Professions Advisory Committee, typed, dated, and signed by you. Please send the completed evaluation form and letter no later than the **First Friday of March** to:

Health Professions Advisory Committee
c/o Health Professions Office
Bailey Hall 101
Union College
Schenectady, New York 12308

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

Attention: Please complete reverse side



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
Critical thinking / problem solving skills						
Quantitative reasoning / scientific inquiry						
Communication skills-oral						
Communication skills- written						
Ability to work with others						
Reliability /dependability						
Resilience / adaptability						
Service orientation / concern for others						

Do you have any concerns regarding this student's application? YES NO
 If yes, please explain:

Name of Evaluator _____ Dept. _____
 (Please Print)

Title of Evaluator _____

Signature of Evaluator: _____ Date _____