

To: \_\_\_\_\_  
Location: \_\_\_\_\_

### EVALUATION OF PRE-MEDICAL STUDENT

\_\_\_\_\_, is a pre-medical student for whom our pre-health committee will write a committee letter summarizing his/her candidacy to medical school. S/he requests that you write a separate letter of recommendation to be incorporated into the committee letter document. If you prefer, you may fill out this questionnaire instead. Either way, your comments will be cut and pasted directly into the health committee letter, quoted directly without paraphrasing unless you indicate otherwise. The document will subsequently be sent to medical schools.

Please send a hard copy of your letter of recommendation to Michele Taylor, to the address below, along with an email copy to both Michele Taylor ([mtaylor1@haverford.edu](mailto:mtaylor1@haverford.edu)) and to Cheryl Mathes ([cmathes@haverford.edu](mailto:cmathes@haverford.edu)). If you will be writing a separate letter, you may use the questions below as a general guideline. Thank you.

1. What is your relationship to the applicant? Please specify courses taken and/or lab research supervised, or job supervised, etc.
2. Please evaluate the applicant on his/her academic, or work performance, and his/her potential as a health care professional.
3. If you know the candidate well enough, please comment on the applicant's maturity, sense of responsibility, motivation, or any other qualities you feel s/he would bring to a career in medicine.

Signed by Recommender: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Applicant has \_\_\_\_\_ signed a waiver

Applicant has NOT \_\_\_\_\_ signed a waiver to see his/her letter of recommendation

Please return your recommendation or form to: Michele Taylor, Ph.D./ Chair of the Pre Health Committee/ Haverford College/ 208 Chase/ 370 Lancaster Ave/ Haverford, PA 19041-1392