

INFORMATION FOR EVALUATORS

Thank you for agreeing to write an evaluation letter for a student applying to professional school. This student has chosen to use the services of the LMU Pre-Professional Advisory Committee and is required to obtain three letters of evaluation from faculty members who have taught them or served as their academic advisor. Faculty letters are used in the evaluation process by the LMU committee and are then forwarded as part of the committee packet submitted to the professional schools. Faculty evaluations have a great impact on admissions decisions.

Please complete and sign the evaluation form provided. This form is also available online at (include link to "Faculty Evaluation Form"). Please submit the form directly to Academic Affairs Office, 201 Duke Hall. Do not return the evaluation form to the student. Your personal comments are extremely important to our committee and to professional school admissions personnel. Faculty letters written on department letterhead and attached to the evaluation form are preferred.

Evaluation forms and any attachments you submit will be forwarded to the professional schools. Since students typically apply to several schools, it is best to write a general letter without mentioning specific professional schools by name.

The final deadline for receipt of evaluation letters is 4:30 pm April 30, 2010. However, applications will be reviewed in the order they are finalized, and it is advantageous to the student to have their application reviewed as early as possible.

The members of the LMU Pre-Professional Advisory Committee thank you for taking the time to evaluate this student. Your feedback is a very important part of our evaluation process.

**LMU PRE-PROFESSIONAL ADVISORY COMMITTEE
FACULTY EVALUATION FORM**

Applicant's Name: _____

Applicant to:

- | | |
|--|---|
| <input type="checkbox"/> Dental School
<input type="checkbox"/> Engineering School
<input type="checkbox"/> Law School
<input type="checkbox"/> Medical School
<input type="checkbox"/> Optometry School | <input type="checkbox"/> Pharmacy School
<input type="checkbox"/> Physical Therapy School
<input type="checkbox"/> Physician Assistants School
<input type="checkbox"/> Veterinary Medicine
<input type="checkbox"/> Other: _____ |
|--|---|

	Outstanding	Excellent	Above Average	Average	Fair	Poor	No Basis To Evaluate
Knowledge of subject matter							
Intellectual curiosity							
Verbal skills							
Writing skills							
Ability to get along with others							
Maturity							

Remarks: *Include any comments you may have on the student's suitability to the profession. Areas to comment on could include leadership qualities, ability to work in teams, time management skills, and personal qualities of integrity, compassion and empathy. Please type your remarks on a separate sheet and attach to this form.*

Overall Evaluation (check one):

- _____ Outstanding Candidate
 _____ Excellent Candidate
 _____ Above Average Candidate
 _____ Average Candidate
 _____ Fair Candidate
 _____ Poor Candidate

Return to:

Pre-Professional
Advisory Committee

201 Duke Hall

Signature Date

Print or Type Name

Title Dept.

Course # Course Title