

LETTER OF EVALUATION COVERSHEET

APPLICANT:

- ☐ Print this form, complete the required information in this applicant box and provide a copy of this coversheet to each letter writer when you request them to write a letter.
- ☐ Sign this UT-PACT coversheet *(applicant must sign coversheet in the space below and choose to waive or retain rights)*
- ☐ UTD ID Number *(applicant must provide valid ID number in the space below that will link this letter to their application)*

Applicant's Printed Name: _____ UTD ID Number: _____

- ☐ I WAIVE the right of access to and review of this evaluation form and the accompanying letter.
- ☐ I RETAIN the right of access to and review of this evaluation form and the accompanying letter.

Applicant's Signature _____ Date _____

EVALUATOR:

Thank you for taking time to support the above-named applicant. Your candid evaluation is critical to the UT-PACT program admissions process. Please visit www.utdallas.edu/prehealth/ut-pact for more information regarding letters.

Evaluator's Name _____ Email Address _____

Title _____ Institution/Business _____

How do you know the applicant? (Check one)

- ☐ High School Counselor ☐ Science/Math Instructor ☐ Other

How long have you known the applicant? _____

*To be considered by the admissions committee, your letter must contain these **required elements**:*

- ☐ Professional letterhead
- ☐ Your signature on your letter
- ☐ Date on your letter
- ☐ Submitted from your professional email account prior to the due date

Scan your complete letter with this coversheet
Attach them as a single PDF to an email to: ut-pact@utdallas.edu

Please notify your applicant upon your submission of this letter

Due before: DECEMBER 1, 2015

Only emailed, PDF documents containing the required elements will be accepted

UT-PACT application remains incomplete awaiting your coversheet and letter