



HEALTH PROFESSIONS LETTER OF EVALUATION

Applicant's Full Name

Professional School: Medical Dental Other:

I WAIVE right of access to the accompanying letter. It should be considered CONFIDENTIAL and viewed only by my advisor and admissions personnel.

I RETAIN right of access to the accompanying letter and wish it to be stamped NOT CONFIDENTIAL.

Applicant's Signature _____ Date: _____

Handwritten or digital signatures are acceptable on this form.

Evaluator's Name: _____ Email Address: _____

Title: _____ Institution/Business: _____

How do you know the applicant? (employer, instructor, etc.) _____ How long? _____

Evaluator's Signature _____ Date _____

Handwritten or digital signatures are acceptable on this form.

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DEAR EVALUATOR:

Thank you for taking time to support the above-named applicant. Your candid evaluation is critical to the professional school admissions process.

*As a guideline, we've included a **sample letter** on the back of or accompanying page.*

Please e-mail your signed recommendation letter with this coversheet to prehealth@utdallas.edu or fax to 972.883.6806.

