

# Request for Letter of Evaluation and Waiver

## Instructions

**Applicants:** Fill out this form, sign, and give to evaluators. Pre-Health advising recommends supplying your evaluators with such things as your resume, personal statement and the “Guidelines for Evaluators.”

### **Evaluators:**

1. Please put your letter on letterhead.
2. Please use your professional designations and title, if applicable.
3. Medical school applications go out June 1<sup>st</sup>. Please return your completed letter of evaluation **well before June 1<sup>st</sup>** to:

Dr. Karen Kirk, Chair  
Pre-health advising  
Department of Biology – P5  
Lake Forest College  
555 North Sheridan Road  
Lake Forest, IL 60045  
kirk@lakeforest.edu

Applicant’s name and address: \_\_\_\_\_  
(Typed)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicant is applying to:

- Medical School (Allopathic or Osteopathic)
- Dental School
- Veterinary School
- Other (specify)

Check one:

- I do waive my right to read or review this letter of evaluation
- I do not waive my right to read or review this letter of evaluation

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Applicant’s signature \_\_\_\_\_ Date \_\_\_\_\_  
Your electronic signature (typed name and electronic submission from your email account) indicates consent for release of this information to appropriate campus personnel, such as Pre-Health Advising. If you have any concerns with how your recommendation will be used, please contact the chair of the Pre-Health Advising, Karen Kirk.