

**REQUEST FOR EVALUATION by the
WOFFORD COLLEGE HEALTH PROFESSIONS EVALUATION COMMITTEE**

DIRECTIONS TO THE STUDENT:

1. Go to <http://dept.wofford.edu/HealthCareers/pdf/commeval.pdf> to fill out these two pages, and print them out. You can also save the form to your computer. If you don't know what schools you would like your evaluation to be sent to, you can add that later.
2. Sign the evaluation waivers on the second page. *We strongly recommend you do sign both waivers.*
3. Attach a copy of your current college transcript (this copy is for the use of the committee only; hence it need not be an "official" copy). List on the transcript the names of the instructors for each of your science courses, immediately opposite the courses in which they taught you. Also, list any science courses now in progress, and their instructors.
4. Your AMCAS application has a section for "letters of recommendation". You should indicate that you'll be using a "committee letter" from Dr. John Moeller. AMCAS requires us to send them your "letter request form" along with our evaluation; please print the request form and attach it to this sheet.
5. Deliver all of the above to the administrative assistant in the biology office suite.

Name:		SS#:	
CPO:		Best phone #(s) to reach you:	
Letter Date: [List 3 weeks after today]			
Email:			

Are you requesting:

- A new committee evaluation
- Mailing of committee evaluation already on file
- An update of an existing committee evaluation
- Mailing of individual recommendation letters/clinical evaluations already on file.

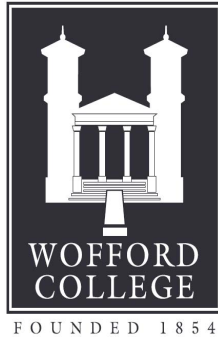
Would you like us to include any clinical evaluations, from health care professionals, that we have on file for you as well?

Yes No

WHERE SHOULD WE SEND YOUR EVALUATION?

Evaluations to USC, MUSC, and most other schools should go through the AMCAS letter service. IF you are applying to schools that do not use the AMCAS letter service, please list these schools as well.

SCHOOL	DATE SENT (for committee use)	SENT BY: (for committee use)
AMCAS letter service? Yes No		



To whom it may concern:

Attached please find Wofford College's Premedical Advisory Committee evaluation prepared on behalf of _____, social security number _____.

The student's waivers are included below. The following pages summarize evaluations from all faculty in the departments of biology, chemistry, and physics who actually taught the candidate. We have also attached any additional letters, and "clinical evaluations" we have on file for this student.

Since you may not be familiar with Wofford College, please allow me a moment to tell you a bit about the institution. Wofford College has been listed as one of the "best buys" in education by *Money Magazine* and *Fisk Magazine*, one of the top 331 colleges in the nation by *The Princeton Review* (which ranks Wofford #1 in encouraging classroom discussion), and it is ranked third nationally in study abroad participation by *Open Doors 2001*. In addition to the rankings by these and other national publications, we are proud of our students' average SAT score of 1244 (current sophomore class). We have a small student body (1429) and we are quite proud of our pre-medical program, studies in the sciences in general, and our foreign language program.

Should you have any questions regarding this applicant, our program or our evaluation process, please do not hesitate to contact me. I may be reached by phone at (864) 597-4620, fax (864) 597-4629, or e-mail at moellerjf@wofford.edu.

Respectfully Submitted,

John Moeller, PhD
Chair, Pre-Medical Advising Committee

Student Evaluation Waivers:

The Family Educational Rights and Privacy Act of 1974 opens many student records for your inspection. The law also permits you to sign a waiver relinquishing your right to inspect letters of recommendation or evaluations.

Your signature below indicates that you have voluntarily waived your right of access to this evaluation and attached letters of recommendation. No signature means you will have the right to read these documents.

Signed: _____ Date: _____

With your signature below, you give permission for Wofford science faculty to view my transcript and ACS scores, for the purpose of preparing an evaluation for your application to medical/graduate school.

Signed: _____ Date: _____