HEALTH PROFESSIONS LETTER OF EVALUATION FORM

Applicant’s Full Name ____________________________________________ Student ID ____________

Professional School: ☐ Medical ☐ Dental Application for Entering Class of 20 __________

☐ I WAIVE, voluntarily, the right of access to this evaluation form and its accompanying letter.

☐ I RETAIN the right of access to this evaluation form and its accompanying letter.

Applicant’s Signature ____________________________________________ Date _________________

TMDSAS PIN: ______________ AAMC ID: ______________ AMCAS Letter ID: ______________

AADSAS ID: ______________ AACOMAS ID: ______________

TO THE EVALUATOR:

Please PRINT or TYPE in the following information and sign the bottom.

Evaluator’s Name ____________________________________________ Email Address ____________________________________________

Title ____________________________________________ Institution/Business ____________________________________________

How do you know the applicant? (Employer, Instructor, etc.) ____________________________________________ How long? ______________

➢ Your letter must be typed, dated, hand-signed and on an official letterhead. Contact information and credentials must also be included.
➢ Address your letter to the Admissions Committee and not to HPAC or the Health Professions Advisor
➢ Before writing your evaluation, please honestly consider the applicant’s strengths and weaknesses with these 10 areas:

  • CHARACTER- integrity; ethical and moral values; dependability
  • MOTIVATION- enthusiasm for the profession; certainty and commitment to career goals
  • STABILITY- emotional control; maturity; consistency in behavior, attitudes and judgments; response to criticism/stress
  • SOCIAL VALUES- interpersonal relationships; concern for others; cooperativeness
  • INTELLECT- curiosity; mental capability; perceptiveness; problem solving ability
  • INDUSTRY- efficiency in work habits, manual skills; initiative; resourcefulness
  • PERSONALITY- manners; poise; tact; disposition; acceptance of others
  • LEADERSHIP- capability to inspire others; to organize and supervise others; acceptance of responsibilities
  • APPEARANCE- grooming; personal hygiene; dress
  • COMMUNICATION SKILLS- knowledgeable, direct, and natural; verbal and nonverbal; ability to establish rapport

Evaluator’s Signature ____________________________________________ Date _________________

Please return your letter and this coversheet via email (preferred) or mail to:

Email: HPAC@uta.edu with SUBJECT: “HPAC LOR: Student Name”
MAIL: Health Professions Advisor / The University of Texas at Arlington / Box 19047, Arlington, Texas 76019-0047

If you choose to have the applicant hand deliver your letter and this coversheet to the Health Professions Advisor, place letter with coversheet in an envelope and sign across the envelope’s seal. Your signature indicates that you personally sealed the envelope.