

LETTER OF EVALUATION COVER FORM

INSTRUCTIONS FOR THE APPLICANT

Please instruct your evaluator to attach this form to the letter of evaluation submitted on your behalf. Two letters of evaluation must be submitted to our committee. This cover form should be given to your evaluator, who should send the letter directly to us. To expedite the process you should provide a stamped, addressed envelope to your evaluator. Please address the envelope to:

Post-Baccalaureate Premedical Program
Goucher College
1021 Dulaney Valley Road
Baltimore, MD 21204-2794

Please fill out the following information before giving this form to your evaluator:

APPLICANT'S NAME

NAME OF EVALUATOR

TITLE

EVALUATOR'S PROFESSIONAL AFFILIATION

EVALUATOR'S BUSINESS ADDRESS

CITY

STATE

ZIP

PHONE

E-MAIL

The Family Educational Rights and Privacy Act of 1974 gives students the right to have access to evaluation letters in their files at Goucher College. Applicants may waive their right of access, which means that the letters in the file will be considered confidential and will not be shared with students. **Please choose one option below as an indication of your decision, and sign your name.**

- I waive my right of access to this evaluation letter.
 I do not waive my right of access to this evaluation letter.

SIGNATURE

DATE

INSTRUCTIONS FOR THE EVALUATOR

The applicant is applying to a rigorous, one-year program in the premedical sciences. In your evaluation, please reflect on the qualities you have observed in the applicant which you feel will transfer to a career in medicine. In addition, comment on the applicant's capacity for sustained effort and concentration. Please staple this form to your comments, which should be written on letterhead stationery. We greatly value your comments and insight.