

**Evaluation for Ithaca College Health Professions Advisory Committee
(formerly known as the "Premedical Advisory Committee")**

This form is used to formally request an evaluation, and to provide signed confirmation by the student and the evaluator.

Student _____ Instructor _____

Evaluator's relationship to student: _____
(ie. Professor in specific course(s), supervisor)

In compliance with Public Law 93-380

I waive my right to view this evaluation
 I do not waive my right to view this evaluation

Student's Signature _____ Date _____

This is a student interested in a health career (i.e. dentistry, medicine, podiatry, optometry or veterinary medicine). We appreciate your assistance in evaluation of this student. Your comments are extremely helpful and are often paraphrased in the letters of recommendation the committee submits to the medical school.

Please use the on-line form to evaluate this student's performance in class and your knowledge of the student as a person. Consider in your evaluation **motivation, integrity, participation in the course and intellectual ability, rapport with others, and acceptance of responsibility**. Is there anything about the student that would make them stand out in a group of medical school applicants? Would this person be the type of person you would want for your personal physician?

Link to use for on-line submission:

<https://www.ithaca.edu/academics/school-sciences-and-humanities/premed/application-procedure/faculty-evaluation/form/>

I certify that I have submitted the requested evaluation using the on-line system

Instructor's Signature _____ Date _____
(return to Nancy Pierce, 161 CNS via campus mail)