## Health Professions Committee - McNeese State University Outside Letter of Recommendation Request Form

To the Student: please fill out this section and give this form to outside recommenders.	
Student name:	ID #
Student major:	
Health Profession Application: Medical De	ental
Name of Evaluator:	

## To the Evaluator:

Your candid evaluation of this student's abilities and potential will greatly aid the Health Professions Committee in our composition of a Committee Letter of Evaluation that will be sent to the medical or dental schools to which this student will apply for acceptance. As an off-campus evaluator, you are in a position to provide us with valuable information about the student which otherwise would be lacking in the student's application. Additionally, we may send a copy of your letter to the medical or dental schools along with our Committee Letter.

As a condition of using the optional services of the Health Professions Committee, all students voluntarily waive their right to read our Committee Letter and all supporting letters we receive.

The Committee recommends that your letter include the following:

- 1. Relationship between you and the student—extent of knowledge about the student.
- 2. Information on personal characteristics of the student—including integrity, honesty, reliability, professionalism, leadership & motivation, with specific examples.
- 3. Description of the student's social skills—including interpersonal skills, ability to interact in groups & establish peer relationships, with specific examples.
- 4. Any additional information you feel would be helpful to us in composing our Committee Letter and to Medical or Dental Schools Admissions Committee Members during their selection deliberations.

## Please return your signed letter on letterhead stationary no later than March 6, 2020 to:

Dr. Mark Wygoda, Co-Chair McNeese State University Health Professions Committee Department of Biology Box 92000 McNeese State University Lake Charles, LA 70609