**For the applicant:**

Before you give this form to your evaluator, you must:
1. Type or print in black ink the requested information about **yourself and your evaluator** in the following blanks;
2. Indicate whether or not you waive your right of access to this evaluation.

<table>
<thead>
<tr>
<th>Applicant</th>
<th>Evaluator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indiana University ID Number</td>
<td>Position and Organization</td>
</tr>
</tbody>
</table>

The Family Educational Rights and Privacy Act of 1974 gives you a right of access to an evaluation written about you, but also says that you may waive this right. Indicate whether or not you will waive your right for this evaluation by marking the appropriate sentence, signing and dating below.

- [ ] I waive this right.
- [ ] I do not waive this right.

Applicant’s Signature ________________ Date ________________

**For the Evaluator:** Please complete the form below and on the reverse side of this sheet.

1. **In what capacity(ies) have you been associated with the applicant?**

2. **In what courses have you taught the applicant, if any?**

3. **How long have you known the applicant?**

**For FACULTY EVALUATORS only:**

Personal evaluators need not complete this grid.

| Reasoning Ability (analysis, insight, judgment, common sense) |
| Independent Thinking (originality, creativity) |
| Cooperation, Rapport, Sensitivity |
| Maturity (awareness of own strengths and weaknesses, self-discipline, maintenance of grades) |
| Motivation (persistence, conscientiousness, drive) |
| Oral Communication Skills |
| Written Communication Skills |
| Manual and Digital Dexterity |
On separate, attached letterhead, please discuss any particular observations and/or reactions bearing upon this person’s character and academic promise for admission to professional or graduate school.

For guidance as to content of letters, please see [link](http://hpplc.indiana.edu/pdf/rs/Eval%20Preparation%20Memo.pdf).

Most applicants will send your evaluation to several professional programs—thus the letter should not refer to admission to one particular institution unless specifically requested by the applicant.

Please sign the evaluation letter as well as this form.

I recommend the applicant for graduate or professional school:

- As an **OUTSTANDING** candidate
- As an **EXCELLENT** candidate
- As a **GOOD** candidate
- As an **AVERAGE** candidate (Applicant has one or more characteristics which may cause difficulty.)
- **I CANNOT RECOMMEND** the applicant

**CHECK HERE** if this letter may also be used in support of applications to other graduate programs, or for corporate or university affiliated internships and scholarships.

Evaluator’s Signature __________________________ Position (if faculty, also list your department) __________________________

Date _______________ Organization or institution __________________________

This form is provided by the Health Professions and Prelaw Center for the use of students at Indiana University Bloomington pursuing admission to medical schools and health professions programs. Indiana University does not have a prehealth faculty committee, and has partnered with Interfolio to provide letter of recommendation services for Indiana University Bloomington students.

Health Professions and Prelaw Center
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