

REQUEST FOR PREPROFESSIONAL EVALUATION

In requesting the Health Professions Advisory Committee at Union University to evaluate me for the professional program to which I have applied, I waive my right to see the evaluation.

I understand that, should the Committee decide not to recommend that I be admitted to the program for which I have applied, I will be notified prior to the mailing of the evaluation. At that time, I have the right to choose that the evaluation be sent as formulated or to request that no evaluation be sent by the Committee.

Should I be rejected by the professional school(s) to which I have applied, I waive all rights to legal recourse against Union University and/or any individuals involved in formulating the evaluation that I have requested.

Date

Signature of student requesting evaluation

Student Number

Student's Social Security No.

Program to which application
is made

Signature of advisor certifying the student's
readiness for application.

Plans for completion of courses that are required in the student's preprofessional curriculum:

Schools and/or application services, with complete addresses, to which evaluations are to be sent:

Please note: If the school receives your evaluation through AMCAS or another application service, DO NOT include the school's address in this list. Most services also provide a letter you must give to us.

In addition to the members of the Health Professions Advisory Committee (Professors Bolyard, Henrie, Lockett, Peirson, Ward, Weaver, Wing, Wofford), I request that the following persons who work on the Union University Jackson campus(at least three being faculty) be asked to participate in my evaluation:

1) _____

4) _____

2) _____

5) _____

3) _____

Use additional sheets if needed.

Please list experience (volunteer or paid) related to your career goals (include hours).

Please list your involvement in Union organizations and other extracurricular activities.

