Student Instructions: Please fill out this form completely. As a reminder, once a letter is submitted to your Pre-medical file, it becomes GSU property. *If the statement below is left blank, your rights to access this evaluation will be waived automatically.*

I, (print full name) ______________________________________, am applying for admission to medical/dental/other ____________________ school.

UNDER THE FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT OF 1974:

☐ I WAIVE

☐ I DO NOT WAIVE

THE RIGHT TO HAVE ACCESS TO THIS EVALUATION OR ANY DOCUMENT THAT ACCOMPANIES THIS EVALUATION.

Student’s Signature                        Printed Name                    Date

Evaluator Instructions: Write your evaluation using your company letterhead. Your written evaluation of this student is the most important part of this request. Please include comments on the following characteristics: student’s reasoning ability, speaking and writing ability, work habits, resourcefulness, emotional adjustment, maturity, interpersonal relationships, personal integrity, and sense of responsibility, judgment, empathy, self-concept, leadership, community service, and the ability to make long-range plans.

Delivery Options:
1) Attach your signed evaluation to this form, place it in an envelope, seal the envelope, and sign across the seal. Return the sealed envelope to the applicant so he/she can deliver it to our office at 25 Park Place, 3rd floor.
2) Attach your signed evaluation to this form and hand-carry it to our office.
3) Attach your signed evaluation to this form and mail it to the following address:

College of Arts and Sciences
Office of Academic Assistance
ATTN: Pre-Medical Faculty Advisory Committee
P.O. Box 4100
Atlanta, Georgia 30302-4100