

## Outside Reference: Student Evaluation FERPA Form

**Student Instructions:** Please fill out this form completely. As a reminder, once a letter is submitted to your premedical 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.

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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.

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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, 3<sup>rd</sup> 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: Premedical Faculty Advisory Committee  
P.O. Box 4100  
Atlanta, Georgia 30302-4100