



**XAVIER UNIVERSITY OF LOUISIANA**  
 Premedical Office  
 1 Drexel Drive  
 New Orleans, LA 70125-1098  
 Email: [xupremed@yahoo.com](mailto:xupremed@yahoo.com) Website: [www.xula.edu/premed](http://www.xula.edu/premed)  
 Phone: (504) 520-7437 Fax: (504) 520-7923

Date: \_\_\_\_\_

To: \_\_\_\_\_  
 Evaluator

From: \_\_\_\_\_  
 Student Name Major

\_\_\_\_\_  
 Student Contact Phone # Student Email Address

Thank you for agreeing to write my evaluation for \_\_\_\_\_ (e.g. medical school, dental school, research program, SMDEP, etc.). **I respectfully request that the evaluation be submitted to the Premedical Office (Box 120) by the following date: \_\_\_\_\_.**\*

**\*SPECIAL FOR STUDENT WHO WILL USE THIS LETTER TO APPLY TO LSU-SHREVEPORT MEDICAL SCHOOL:** LSU School of Medicine in Shreveport will NOT accept letters of evaluation that are dated prior to June 1<sup>st</sup> of the year that the medical school application cycle opens (e.g. if the student is applying in 2011 for entry in 2012, the letter of evaluation cannot be dated before June 1, 2011). By checking the box below, I confirm that this “medical school” letter of evaluation that you have agreed to write will be used to support my application to LSU-Shreveport School of Medicine...

**YES, this letter will be used for my application to LSU-Shreveport and CANNOT be dated prior to June 1<sup>st</sup>.**

Course(s) taken with you and grade received (if not currently enrolled):

COURSE	GRADE	Semester/Year Enrolled

To assist you with writing this letter of evaluation, I have attached copies of the following items:

- 1) Personal Statement,
- 2) Post-Secondary Experiences Form, and
- 3) SMDEP Recommendation Form (if student is ONLY applying to SMDEP).

Please write the evaluation on **department letterhead** (OR complete the SMDEP Recommendation Form if I have informed you that I am ONLY applying to the Summer Medical and Dental Education Program; see note below) and forward it directly to XU’s Premedical Office (Box 120) where it will be placed in my file.

I (check one) \_\_\_\_\_ **waive** \_\_\_\_\_ **do NOT waive** my right to see the evaluation.

**NOTE: It is highly recommended that you waive your right to see your faculty letter of evaluation.**

\_\_\_\_\_  
 Student Signature

\_\_\_\_\_  
 Date

**Please return the evaluation to the Premedical Office, NCF 108 (Campus Box 120).**

**Special notes from the Premedical Office to faculty/staff evaluator:**

- We do not use of a specific evaluation form for students applying to summer/research programs or medical, dental, etc. school. Instead, each faculty should write the letter in standard format in the word processor he/she normally uses and then print it on letterhead stationery. **EXCEPTION: Students applying ONLY to the Summer Medical and Dental Education Program (SMDEP).**
- Because a large number of Freshman and Sophomore Premeds apply to the Summer Medical and Dental Education Program (SMDEP), it is okay to use the SMDEP Recommendation Form in lieu of an evaluation written on department letterhead if the student indicates that this is the ONLY program that he/she is applying to for the upcoming summer.
- If this letter of evaluation is written for medical school and will be used to support the student's application to LSU-Shreveport School of Medicine, the letter CANNOT be dated prior to June 1<sup>st</sup> for the year in which the application cycle starts (e.g. if the student is applying in 2011 for entry in 2012, the letter of evaluation cannot be dated prior to June 1, 2011)
- We advise students to waive their right to see letters of evaluation because medical, dental, etc. schools view such letters to be more reliable.
- In writing your letter of evaluation, please note that medical, dental, etc. schools look at faculty letters primarily to assess...***
  - ***a student's cooperative nature,***
  - ***leadership abilities,***
  - ***professional demeanor,***
  - ***compassion,***
  - ***empathy,***
  - ***communication skills,***
  - ***determination,***
  - ***social interest, and***
  - ***maturity.***
- Therefore, comments you can make about these qualities are more useful than statements about the student's academic potential.***
- Letters should include statements of how well and in what capacity you know the student as well as your overall evaluation of him/her.
- If you would like to view a SAMPLE letter of evaluation, please go to [http://www.xula.edu/premed/WordFiles/SAMPLE\\_EvaluationLetter.pdf](http://www.xula.edu/premed/WordFiles/SAMPLE_EvaluationLetter.pdf) or send a message to [xupremed@yahoo.com](mailto:xupremed@yahoo.com) so the sample evaluation can be emailed to you

**Please note that the Premedical Office keeps all evaluations in a secure location that students cannot access. If a student requests to see his/her evaluation, we tell him/her that we will not grant such a request but instead will return it to the evaluator who can decide whether or not to allow the student to see the evaluation or to destroy it.**