Letter of Evaluation/Recommendation Cover Letter

NOTE: This form is to be completed by Xavier students and given to faculty, staff, and other individuals who have AGREED to provide evaluations/recommendations for summer programs, scholarships, medical school, dental, school, graduate school, etc.

Date: ____________________

To: ______________________

Evaluator Name

From: ____________________

Student Name ____________________ Student Major ____________________

Student Phone Number ____________________ Student Email Address ____________________

Course(s) taken with evaluator and grade received (if applicable)

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<tr>
<th>COURSE</th>
<th>GRADE</th>
<th>Semester/Year Enrolled</th>
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Thank you for agreeing to provide an evaluation on my behalf for

EXAMPLES: summer program, medical school, etc. ***NOTE*** Unless otherwise specified, it is recommended that the evaluation be written on letterhead for a non-specific summer program, medical school, etc. Special for LSU-Shreveport Medical School Applicants: Medical school evaluation must be dated May 1st (or later) of the year the student plans to submit his/her centralized med school application.

• By (date) ______________________, I respectfully request that the (check all that apply)...
  □ SHPEP Recommendation Form (if only applying to SHPEP, an evaluation written on letterhead is NOT necessary; SHPEP form will suffice)
  □ Letter of evaluation written on letterhead for a non-specific program or school (which can be used for multiple programs or schools)
  □ Program or school-specific paper or online form (if required by program or school)

• Be submitted as follows (check all that apply)...
  □ Directly to the Premedical Office via email (supremed@yahoo.com OR qmwebsite@xula.edu), mail, or in-person so that the evaluation can be securely stored and transmitted by the PM Office, at my request, to schools/programs that will accept evaluations via mail, email, fax, etc.
  □ Directly to the school/program by YOU via email, mail, or fax (I have provided instructions for you below*)
  □ Directly to the school/program by YOU via the required ONLINE evaluation/recommendation form (I have provided instructions for you below*).

* I have requested that you, my evaluator, send my evaluation/recommendation directly to the school or program. Below are detailed instructions for sending the evaluation written on letterhead, sending the program-specific paper form, OR for completing the required ONLINE evaluation/recommendation form.

• To assist you with this evaluation, the Premedical Office recommends that I attach the following (checked items are attached):
  1) □ Personal Statement (critiqued and revised)
  2) □ Post-Secondary Experiences Form (critiqued and revised)
  3) □ Program-specific paper form (if only applying to SHPEP OR if a form is REQUIRED by the program or school)

I (check one) □ waive  □ do NOT waive my right to see the evaluation.

NOTE: It is highly recommended that the student waive his/her right to see the letter of evaluation.

Student Signature ____________________ Date ____________________

EVALUATOR: After completing the evaluation, RETAIN THIS FORM FOR YOUR RECORDS!!!
Special Notes from the Premedical Office to the Evaluator:

- Letter of evaluation storing and transmitting services are offered as a courtesy to Xavier students and alumni who plan on applying to summer programs and health professions schools. Students are NOT required to utilize these services.
- We do not use a specific evaluation form for students applying to summer/research programs or medical, dental, etc. school. Instead, each faculty is encouraged to write a non-specific program or school letter, in standard format, using his/her preferred word processing program (on letterhead stationery).
- If a program or school REQUIRES a letter of evaluation to be written specifically for the program/school or REQUIRES the completion of a special paper or online recommendation form, it is the student’s responsibility to provide you with the necessary form(s) and directions.
- Because a large number of Freshman and Sophomore Premeds apply to the Summer Health Professions Education Program (SHPEP), it is okay to complete the SHPEP Recommendation Form in lieu of writing an evaluation on letterhead IF the student indicates the he/she is ONLY applying to SHPEP.
- If the 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 May 1st of the year in which the student will submit his/her medical school application (e.g. if the student is applying in 2018 for entry in 2019, the letter of evaluation cannot be dated prior to May 1, 2018). It is the student’s responsibility to inform you of any additional letter of evaluation requirements.
- We advise students to waive their right to see letters of evaluation because most programs and 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 often more useful than statements about the student’s academic potential.*

- Medical School Evaluations: Please review the Association of American Medical College’s (AAMC) “Letters of Evaluation Guidelines” at [https://www.staging.aamc.org/initiatives/admissionsinitiative/letters/](https://www.staging.aamc.org/initiatives/admissionsinitiative/letters/).
- 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 send a message to xupremed@yahoo.com requesting a copy of the sample evaluation.
- Letters of evaluation, bearing date and handwritten signature, may be emailed (preferred) to xupremed@yahoo.com or qnmwebste@xula.edu, hand-delivered to the Premedical Office (NCF 108), or mailed to the Premedical Office (mailing address on reverse).
- In order to be considered valid, the letter must be dated and signed by the letter writer (scanned copy of handwritten signature is okay).

**EVALUATION WAIVER:** Most schools and programs will only accept letters of evaluation that the student has waived access to; as a result, the student must have a signed/dated “Evaluation Waiver Form” on file in the Premedical Office indicating that he/she has waived the right to see any letters of evaluation that have been filed in the PM Office on his/her behalf. The student is also encouraged to waive the right to access the letter on page one of this “Letter of Evaluation Cover Letter” so that you, the letter writer, can retain waiver status for your files. 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 the letter to the evaluator who can decide whether or not to allow the student to see the evaluation or to destroy it.

**MODIFYING FILED EVALUATIONS:** If any changes need to be made to a letter of evaluation once it is filed in the Premedical Office, it is the responsibility of the letter writer to make the change him/herself. It is ILLEGAL for anyone except the letter writer to modify the evaluation in any way, including changing the date that appears on the letter of evaluation.

**ONLINE EVALUATION FORMS:** If a school, program, or application service REQUIRE the completion of an online or electronic evaluation or reference form, the evaluation must be completed directly by the evaluator, not the Premedical Office. Please contact the student who requested the letter of evaluation directly for instructions on submitting electronic evaluation forms.

**EVALUATOR:** After completing the evaluation, RETAIN THIS FORM FOR YOUR RECORDS!!!