QUEENS COLLEGE COMMITTEE ON HEALTH PROFESSIONS
REQUEST FOR AN EVALUATION

To The Student: Please print or type the information required below, and then see your college instructor or other evaluator to request a letter and to refresh her/his memory of you.

CUNY ID# ______________________ I, ______________________,
(Student’s name)
Will be applying to _______________________.
(Professional school)
I request ______________________ send a letter of evaluation by US Mail,
(Name of evaluator)
Inter College Mail, or hand delivery in sealed envelope with this form to:

Ms. Valli Cook
Director, Health Professions Advisory Services (HPAS Office)
Science Building RoomB338
Queens College/CUNY
Queens, New York 11367

I understand this evaluation will be used in composing the letter of evaluation the Committee will send to those professional schools I designate. The letter should be in a sealed envelope when delivered to the HPAS Office. I waive my right to review this evaluation

To the Student: having read this request form, please sign before submitting to the Evaluator, acknowledging that “I waive my right to review this evaluation.”

Student’s Signature ______________________

To the EVALUATOR: We request your assistance in helping the Committee to prepare a letter of evaluation which will be sent to the professional schools to which this student will apply.

Please Describe
When and where first Met
Class participation
Evidence of leadership capability
Evidence of maturity and emotional stability
Knowledge of talents, intellect

Please Include
Frequency of communication/interaction
Assessment of students' knowledge
Interaction with classmates (peers)
Personal knowledge of character/ethical behavior
Example(s) of creativity and imagination

Please note: All letters should be on Queens College stationery and signed by the evaluator.
Do Not E-mail, please.
REQUEST FOR EVALUATION LETTER FROM OFF CAMPUS EVALUATOR

To The Student: Please print or type the information required below, and then see your evaluator to request a letter of evaluation regarding your work or volunteer contribution.

I, ________________________ ________________________
(Student's name) (Company I volunteer/work)

Will be applying to _______________________
(Professional school)

I request ________________________ ________________________ ________________________
(Name of evaluator) (Evaluator title) (Affiliated company name)

Send the letter of evaluation with this form by US Mail to:

Ms. Valli Cook
Director, Health Professions Advisory Services
Science Building RoomB338
65-30 Kissena Blvd
Queens College/CUNY
Queens, New York 11367

I understand this evaluation will be used in composing the letter of evaluation the Committee will send to those professional schools I designate. The letter should be in a sealed envelope when delivered to the HPAS Office. I waive my right to review this evaluation

To the Student: having read this request form, please sign before submitting to the Evaluator, acknowledging that “I waive my right to review this evaluation.”

Student’s Signature _______________________

To the EVALUATOR: We request your assistance in helping the Committee to prepare a letter of evaluation which will be sent to the professional schools to which this student will apply.

Please Describe
When and where first Met
Duties, assignments, responsibilities
Evidence of leadership capability
Evidence of maturity and emotional stability
Knowledge of talents, intellect

Please Include
Frequency of communication/interaction
Assessment of students work/volunteer knowledge
Interaction with colleagues
Personal knowledge of character/ethical behavior
Example(s) of creativity and imagination

Please note: All letters should be on corporation/institution official stationery and signed by the evaluator. Do not e-mail, please.