



Committee on Health Professions

Queens College Committee on Health Professions Request for an Evaluation

To the Student: Please 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#: Student's Name:

Advisor's Name:

Professional School Applying To:

Evaluator's Name:

I understand this evaluation will be used in composing the letter of evaluation the Committee will send to those professional schools I designate. I waive my right to review this evaluation.

Having read this request form, please sign below (by typing your name) before submitting it to the Evaluator, acknowledging that "I waive my right to review this evaluation."

Student's Signature

To the Evaluator: Director/Advisor Valli Cook, and Advisor Mika Vesanen request your assistance in helping the Advisors prepare a letter of evaluation which will be sent to professional schools to which the student will apply.

Please Describe:

- When and where first met
- Class/workplace participation
- Evidence of leadership capability
- Evidence of maturity and emotional stability
- Knowledge of talents, intellect
- Effective completion of duties and responsibilities

Please Include:

- Frequency of communication/interaction
- Assessment of student's course/workplace knowledge
- Interaction with classmate/peers/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 and in a PDF file

Please e-mail the PDF letter to: HPASLetters@qc.cuny.edu

**Valli Cook, MBA/MS.Ed, Director and Advisor
Mika Vesanen, PhD, Advisor**