

Name of Applicant: _____

E-mail: _____ Applying for: _____

Dear Evaluator:

The Pre-Medical Sciences Program at the University of Montana appreciates your willingness to evaluate this applicant for admission to a professional health care school. The letter of recommendation you provide and information from several other evaluations will be used to help the Pre-Medical Sciences Advising Committee prepare composite evaluation for the applicant that will be forwarded on to the professional schools of the student's choice. *The student requesting this letter has waived his/her right to examine your evaluation.* Please use your evaluation to show advocacy for the student as letters of recommendation are considered a critical part of most applications; *if you feel you cannot write a positive and supportive letter, please let the student know, so that they can find another letter writer.* While the specific timing of when your letter is needed depends on when this applicant is submitting his/her application, it is most useful for our office to receive your letter by May 15. A copy of your letter of recommendation will be included with the composite letter written by the University of Montana Pre-Medical Sciences Program and may also be used in support of the applicant's candidacy for awards and fellowships for which he/she has been nominated or applied. Please notify our office if you wish to restrict the use of your letter in anyway.

Please consider the following while preparing your evaluation:**Technical Details**

- Use a generic salutation: **To the Admissions Committee** (do NOT address your letter to the Pre-Medical Sciences Program: the student is applying to a professional school, not our program)
- Submit the letter **signed** (electronic signature okay) and on **letterhead** stationary
- Write at least two or three paragraphs

Letter Content

- Describe how long have you known the applicant and in what capacity
- Describe personal characteristics and skills of the applicant most important to admissions committees
 - Integrity and Ethics
 - Reliability and Dependability
 - Service Orientation
 - Critical Thinking Skills
 - Social, Interpersonal, and Leadership Skills
 - Empathy
 - Desire to Learn
 - Resilience, Adaptability, and Maturity
- Use specific examples when possible
- State your level of endorsement of the applicant: without reservation, enthusiastically, etc.

Thank you for your commitment to assisting the Pre-Medical Sciences Program and your service to this student.

Please return your letter to the address below:

Dr. Mark Pershouse
Pre-Medical Sciences Advising Committee
The University of Montana
Skaggs Building 281
Missoula, MT 59812-1512
Phone: (406) 243-4769
Fax: (406) 243-4209
E-mail: premedical.sciences@umontana.edu
Web: <http://www.umt.edu/premed>



Please return this form with your signed evaluation on letterhead

Please evaluate the applicant for the following qualities:

Characteristic	Excellent	Good	Average	Poor	No Observation
INTELLECTUAL ABILITY: Capacity, Imagination, Interest					
PERSEVERANCE: Stamina, Endurance					
MOTIVATION: Commitment, Industry, Career Perspective					
INTERPERSONAL RELATIONS: Likable, Cooperative					
EMPATHY: Sensitive, Compassionate, Good Listener					
COMMUNICATION SKILLS: Clarity of Expression, Tactful					
MATURITY AND EMOTIONAL STABILITY: Ability to Cope with Stress, Integrity, Adaptation to Change					
JUDGMENT: Ability to Analyze a Topic or Situation, Common Sense, Decisive					

On the basis of the above and other considerations, please indicate your overall assessment of the applicant's prospect for successful professional study. (Please circle one).

Distinctly Outstanding
(top 2%)

Excellent
(top 10%)

Average

Below Average

Marginal/Poor

Evaluator's Signature

Date

Evaluator's Name

Position or Title

Institution, Affiliation, or Address

About Us: The Pre-Medical Sciences Program at The University of Montana is an advising program that helps baccalaureate and post-baccalaureate students become well-informed, well prepared applicants to health professions schools and programs in allopathic medicine, chiropractic medicine, dentistry, naturopathy, optometry, osteopathic medicine, physician assistant, podiatry, and veterinary medicine.

Please return this form with your signed evaluation on letterhead