

## Evaluators

I have requested letters of evaluation from the following individuals. I understand that it is **my responsibility** to check with the Health Professions Office about receipt of the letters. I will follow up with those recommenders who have not submitted my letter by April 15<sup>th</sup>.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name & Title	Department/Affiliation	Relationship to You
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

\* \_\_\_\_\_

\*Extra space is given in case of error.

You may not have more than six evaluations submitted to the Health Professions Office.

Print Full Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Email Address \_\_\_\_\_

***Please notify us if your information changes!***