

1. Complete the Evaluation Request and Applicant Waiver and return to College of Science, Room 270. These documents are mandatory to open a pre-professional file.
 - Professional Schools in excess of 10 must be approved by the Associate Dean/Chief Pre-Professional Advisor.
2. Submit the Evaluation Form (with top portion complete), to those listed as references.
 - It is the student's responsibility to keep up with the status and completion of their evaluation request. Office staff will attempt to inform the student when a recommendation has been received on their behalf, via email.
 - To check the status of the evaluation request or to have a completed evaluation sent to a professional school students should contact Jennifer Long at 696-2372 or longjl@marshall.edu.
3. Evaluations can be sent out when they are complete.
 - Permission must be granted from the Associate Dean/Chief Pre-Professional Advisor to send out an incomplete evaluation with the intent to resend once the evaluation is complete.
4. Pre-Professional Evaluations are not automatically sent to the professional schools upon completion of the Evaluation Request. The committee will await your specific request.
5. The CoS is not responsible for sending academic transcripts; you must contact the Office of the Registrar
 - You must request, in writing (not email), an official transcript from the Office of the Registrar.
6. If a student chooses to use letters of recommendation from a previous year, they may do so by submitting a written request (email will suffice).
7. Letters of Recommendation will remain on file in the College of Science for five years from the last year they were sent to professional schools.

PRE-PROFESSIONAL EVALUATION REQUEST

First
MI
Last
SSN
MU ID
Date

Permanent Address

Local Address

Address _____

Address _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

Telephone _____

Telephone _____

E-Mail Address _____

MU E-mail Address _____

What type of professional school are you applying to?

- | | |
|---|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Chiropractic <input type="checkbox"/> Dental <input type="checkbox"/> Medicine <input type="checkbox"/> Optometry <input type="checkbox"/> Osteopathic Medicine <input type="checkbox"/> Pharmacy | <ul style="list-style-type: none"> <input type="checkbox"/> Physical Therapy <input type="checkbox"/> Physician Assistant <input type="checkbox"/> Podiatry <input type="checkbox"/> Veterinary Medicine <input type="checkbox"/> Other _____ |
|---|--|

References: List title, name and position.

Professional Schools List the name and state of the schools you are applying to.

Professional School	State
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

APPLICANT WAIVER

First

MI

Last

SSN

Date

I have asked the Pre-Health Professional Advisory committee to compile an evaluation from faculty whom I have selected. I understand my rights under the Family Educational Rights and Privacy Act of 1974, as amended, regarding privacy rights of parents and students pertaining to education records. By my signature below, I waive the right of access, as provided by law, to any confidential recommendations, which the selected faculty may submit and which is used solely for the purpose of determining my admission to professional school.

I further understand that this waiver is not required as a condition for obtaining an evaluation provided the committee has individual faculty letters to use.

Applicant's Signature

Date

