

GUIDELINES FOR REQUESTING A LETTER OF EVALUATION

Students who wish to pursue a career in the health professions often require a Committee Letter of Evaluation to support their application to health professional schools. In order to complete an accurate and detailed evaluation, we require the opinion of those who know the applicant well. To that end, the student will be well served by your candid and thorough evaluation, approximately one page in length. Descriptive quotes from your letter may be used in the Committee Letter and an unabridged copy of your letter will be enclosed with the student's supporting documents upon application.

We recommend that writers include the following in their assessment of the student:

- How long and in what capacity you have known the applicant, and whether you are writing based on direct or indirect observations.
- An assessment of the student's intellectual and personal characteristics, citing any particular incidents which may illustrate these characteristics
- A description of the student's intellectual curiosity, academic motivation, and intellectual abilities. Focus on behaviors that you have directly observed when describing the applicants' suitability for a health career
- Special qualities which make the student well-suited for the health professions
- Your understanding of the student's primary strengths and areas still in need of development
- Qualities and skills that distinguish this student from other applicants, and how the applicant could make a unique contribution to an incoming class.
- Refrain from citing a specific institution in your narrative, as the letter will be sent to all health professional schools the student submits an application to.

We encourage writers to review the Association of American Medical Colleges' (AAMC) [Guidelines for Writing a Letter of Evaluation for a Medical School Applicant](#) as they construct their letter.

Submission Guidelines for Writers:

- Letters must be typed, signed, dated, and submitted on official letterhead. They should be addressed to the attention of the "Prehealth Committee on Evaluations," "Admissions," or "To Whom It May Concern."
- A **completed Privacy Waiver** must accompany each evaluation.
- Whenever possible, please email the letter and the completed **Privacy Waiver** as an attachment to preprof.docs@nyu.edu. If you are unable to submit your letter and waiver electronically, please mail or deliver these documents to the Preprofessional Advising Center.
- Please submit your letter no later than **May 15, 2019**.

Solicitation and Submission Instructions for Students:

- Provide each writer with a signed **Privacy Waiver** form that notes whether or not you have waived your right to access your evaluations. This form must be provided to your writers *prior* to them writing your letter and must be returned with their completed evaluation.
- We recommend that you share these guidelines with your writers, along with other supporting documents (e.g. resume, personal statement, transcript), several months in advance of the May deadline.
- These evaluations may be used specifically for your application to schools of the health professions and post-graduate health programs. They cannot be used for purposes other than this intended purpose.
- All letters must be submitted directly by the author.

PRIVACY WAIVER

Among its several purposes, the [Family Educational Rights and Privacy Act of 1974 \(FERPA\)](#) was enacted to protect the privacy of students' education records, to establish the rights of students to inspect and review their education records, and to provide students with an opportunity to have inaccurate or misleading information in their education records corrected. As you begin to solicit letters of evaluation for your application to schools of the health professions it is important that you consider your FERPA right to access the letter(s).

You may waive or not waive the right of access to your letter(s) of evaluation in any combination you choose: all, none, some. Your decision to waive or not waive all or some of your rights will be noted in your NYU Committee Letter that is sent to the health professions schools to which you apply.

We ask that you consider the following when deciding whether or not to waive your access:

Not Waiving Access

- Admissions committees receiving the evaluation may assume:
 - The content of the letter may be censored, as the author knew you would have access to it. This may diminish the value and weight of the letter in the eyes of Admissions personnel.
 - You wanted to discuss the content of the letter with the author prior to its completion
 - You wanted to ensure that the Admissions Committees received a comprehensive, accurate depiction of your experiences, record, and character.
- You will know exactly what is being stated in the letters. This will allow you to prepare for interview questions, address any factual errors, and learn from the feedback provided by the author.
- You should be prepared to explain your reasons for not waiving access during interview(s).
- A potential recommender can choose not to write a letter for you unless you waive access.

Waiving Access

- Admissions committees receiving the evaluation may assume:
 - The content of the letter may be more honest if the author knew that the candidate would not see it. As a result, more weight may be assigned to such letters by Admissions personnel.
 - You have nothing to conceal and did not feel it was necessary to view the letter before it was sent.
- If your recommender knows you well and has said s/he can write a letter in support of your candidacy, the chances are slim that inaccuracies or unfair statements will be presented in the letter.

STATEMENT OF STUDENT PREFERENCES

A completed form must be provided to prospective evaluation writers before they write the letter.

Student Name: _____

N#: _____ Net ID: _____ Preferred email: _____

Prospective Term of Entry in Health Professions program (Matriculation Year): Fall _____

Sign next to your confidentiality preference:

I DO NOT WAIVE my right of access to this evaluation _____

I WAIVE my right of access to this evaluation _____

Name of Evaluator (please print) _____

Email of Evaluator: _____

Signature of Evaluator _____

****This form must accompany the letter of evaluation****