

# Request for Letter of Evaluation and Waiver

## Instructions

**Applicants:** Fill out this form, sign, and give to evaluators.

**Evaluators:** Return this form with your completed letter of evaluation (see guidelines with this form) by May 2, 2010 to:

Dr. Karen Kirk, Chair  
Health Professions Advisory Committee  
Department of Biology – P5  
Lake Forest College  
555 North Sheridan Road  
Lake Forest, IL 60045

Date of request: \_\_\_\_\_ AMCAS ID# \_\_\_\_\_

Applicant's name: \_\_\_\_\_  
(Typed or printed)

Class: \_\_\_\_\_  
(Year of graduation)

Major: \_\_\_\_\_

Evaluator's Name and Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicant is applying to:

- Medical School (Allopathic or Osteopathic)
- Dental School
- Veterinary School
- Other (specify)

Check one:

- I do waive my right to read or review this letter of evaluation
- I do not waive my right to read or review this letter of evaluation

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Applicant's signature

Date