

*Pre-Health Council Letter of Evaluation Waiver Form & Instructions*

**Due: May 31<sup>st</sup>**

Evaluation for \_\_\_\_\_  
(student's name and)  
Candidate for \_\_\_\_\_ school  
(medical, veterinary, dental, etc.)

: I hereby waive my right to inspect this evaluation and separate letter of evaluation. I further understand that to the extent that I have reserved my right to read the composite letter of evaluation, any portion of such letter that contains a direct attribution from the recommender named here will be deleted from the copy given to me.

\_\_\_\_\_  
Signature of student Date

: \*\*. This letter will be included in its entirety, without excerpt or change (save for spelling/typographical errors), to the admissions committees of medical and other health related programs and may also be cited in a composite letter of evaluation written on the student's behalf.