HPAC THE UNIVERSITY OF TEXAS AT DALLAS HEALTH PROFESSIONS ADVISING CENTER HEALTH PROFESSIONS LETTER OF EVALUATION

	This section must be completed by the applicant:			
Applicant's Full Name:	☐ Medical Professional ☐ Dental School: ☐ Other (write-in)			
Applicant's Email:	Applicant's UTD NetID:			
	I WAIVE the right of access to the accompanying letter. It should be considered CONFIDENTIAL and viewed only by my advisor and admissions personnel			
	I RETAIN the right of access to the accompanying letter and wish it to be stamped NOT CONFIDENTIAL.			
Applicant's Signature:	Date:			
	Handwritten or digital signatures are acceptable on this form.			

YUUUUUUUUUUUUUUUUUUUUUUUUUUUUUUUUUUUUU	This section must be	e completed by the evaluator:
Evaluator's Full Name:		Evaluator's Title:
Evaluator's Email:		Institution/ Business:
How do you know the applicant?	 □ Instructor □ Employer □ Other (write-in) 	
Evaluator's Signature:		Date:
	Handwritten or digital sigr	natures are acceptable on this form.

Dear Evaluator,

Thank you for supporting the above-named applicant. Your candid evaluation is critical to the professional school admissions process. Please compose your letter on <u>letterhead</u>, with a <u>date</u>, <u>contact information</u>, and your <u>signature</u>.

Your handwritten signature is preferred, but a secure digital signature (like DocuSign or Adobe Digital Signature) will also work. Please note that your name typed in script font is inadmissible as a signature and will be rejected and returned for correction. Thank you for cooperating with published evaluation guidelines set forth by TMDSAS and the AAMC.

As a guideline, we have included a sample letter on a second page.

Please email your signed and dated recommendation letter with this coversheet to prehealth@utdallas.edu or fax to 972.883.6806.



Professional schools require LETTERHEAD head indicates an official document, and ma

Letterhead indicates an official document, and may include your institution or business logo, department, and job title.



Natural Sciences and Mathematics Chemistry and Biochemistry

T: 972-883-0000 F: 972-883-0000 professor.curie@utdallas.edu

April 4, 2024

Professional schools require a DATE The date of your letter identifies it as current.

Dear Admissions Committee,

	d Joan Smith for admission to your program. As a professor			
undergraduate studies. Joan's exceptiona and research make her an outstanding ca	(View the <u>AAMC Letter Guide</u>) Your candid evaluation adds credibility, personality, and background to a			
Joan is a joy to teach and an asset to her knowledgeable and nuanced questions th her studies. When she stumbled, she too excellent use of resources for student suc remarkable ability to break down challeng	student's professional application. Describe your experience with the applicant's personal and professional demeanor and qualities that make them well-suited to patient care or advanced education.			
I invited Joan to work in my lab, where sh imparted her tireless work ethic and metid technicians. She represented our lab at the poster on applications of nanomaterials in targeted nuclear medicine, and she is a contributing author				
on a related manuscript that has been accepted for publication later this year. Joan Smith possesses the kind of dedication, resilience, and genuine commitment to scientific literacy				
and communication that I wish more physicians embraced, especially as the scientific and healthcare communities continue to learn from our missteps during the pandemic. I wholeheartedly endorse her application to your medical science training program. I am confident she will excel and contribute significantly to her field.				
Thank you for considering Joan Smith's a with questions at professor.curie@utdallas				
Respectfully,				

+ M. Curie

M. Curie, PhD Professor of General Physics

Professional schools require your SIGNATURE Like your letterhead, your signature makes your letter credible and official.