

# University of Louisiana - Monroe Pre-Professional Health Advisory Committee Evaluation Release Form

I hereby authorize the Pre-Professional Health Advisory Committee of the University of Louisiana at Monroe to release the evaluation of the undersigned to the below listed professional schools. I have made every effort to provide the committee with the full and correct address for each program, understanding that this may not be the general address for the school.

I understand that members of the Pre-Professional Health Advisory Committee have access to my transcript, test scores, personal statement and faculty evaluations submitted on my behalf. I understand that the committee evaluation will be based on the submitted faculty evaluations and committee interview. The evaluation will reflect the opinions of the committee members and may contain favorable or unfavorable comments. I allow the committee members to evaluate my performance based on my academic record and submitted material and authorize the committee to prepare an evaluation letter for me for the purposes of applying to the professional schools listed below. I understand that their evaluation and all items considered in making this recommendation are confidential. **By signing below, I understand that I am waiving my right to review this material.**

Name (Print Clearly)	Social Security Number	CWID Number
Signature	Date	

<b>Name of Program</b>  _____	<b>Address</b>  _____ _____ _____
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**University of Louisiana - Monroe  
Pre-Professional Health Advisory Committee  
Evaluation Release Form**

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