Whitman College Premedical Advisory Committee  
Letter of Evaluation Form

A. Name of applicant: ______________________________.  
   Last  First  MI  
   IF AVAILABLE:  AAMC ID #:__________________    AACOMAS ID #: ______________________

B. NOTICE TO APPLICANT:  
   I do ____    do not ____  waive my  right to see this evaluation.  
   Signature of applicant: ______________________________________

C. NOTICE TO EVALUATORS: The premedical advisory committee will use your letter of evaluation,  
   together with others requested by the applicant, to prepare an overall evaluation which will be submitted to  
   medical schools to which the student applies.  The committee would appreciate your candid evaluation of the  
   student’s strengths and weaknesses.  The comments made on this form will be compiled and the attached letter  
   will be scanned, without editing, into the applicant’s committee letter of evaluation from Whitman College.

D. What is your overall evaluation concerning the applicant’s potential as a medical student and a physician?  
   □ Outstanding  □ Excellent  □ Very Good  
   □ Average  □ Below Average  □ Not recommended

E. The committee would appreciate your attachment of a letter (ON LETTERHEAD, IF POSSIBLE) which  
   indicates how long and in what capacity you have known the applicant.  In addition, your opinions regarding the  
   applicant’s academic or work performance (achievements in your course(s), study and work habits, motivation,  
   problem solving) personal characteristics (integrity, response to criticism, empathy), exposure to the profession  
   and patient care, or other comments related to the applicant’s preparedness for medical school would be  
   appreciated.
   Signature of evaluator: __________________________
   Name and position of evaluator: __________________________
   ___________________________________________________________________________________
   Phone: (_____)(_____)__________ OR Email address: __________________________________________

For 2013-14, please return this form and your written evaluation  
• via USPS to:  
   James E. Russo  
   Chair, Premedical Advisory Committee  
   Whitman College  
   345 Boyer Ave  
   Walla Walla, WA 99362

• via email to  
   russo@whitman.edu  
   (electronic signature included)

If you have questions regarding submission of this evaluation, please contact Jim Russo  
Voice: (509) 527-5228 OR Email: russo@whitman.edu