Health Professions Advisory Committee Evaluation Form

State University of New York College at Old Westbury

	Last or Family	First	Middle	
	•			
2. Type o	of school applying to:	[] Medical [] Podiatry	[] Osteopathic Medical [] Optometry	[] Dental [] Other
my r	ight of access to this eval	luation requested by	rith the Family Educational Rights and represented the Health Professions Advisory Comschools of the type indicated above.	Privacy Act of 1975, as amended, I waive mittee to be used in formulating
		Applicant's Signa	ature	Date
	t unsigned, you will have nittee's consideration of			to the committee. This will not affect the
Refere	nce Section: This	s section to be	completed by the recommen	der.
			this evaluation has been waived. We appase DO NOT return this form to the app	
	Please m		Health Professions Advisory Committee SUNY College at Old Westbury	
		N 2	NSB Room S247A 23 Store Hill Road Old Westbury, NY 11568-0210	
How long	g have you known this ap	N 2 0	23 Store Hill Road Old Westbury, NY 11568-0210	

Area of Evaluation	Outstanding (Top 10%)	Above Average (Next 15%)	Average	Below Average	Not Observed
Intellectual Ability					
Originality					
Writing Skills					
Verbal Skills					
Motivation					
Independence					
Leadership					
Reliability					
Integrity			·		
Maturity					
Relations with others					

(Please continue on reverse side)

	nents that will assist the Health Professions Advisory Committee in for a health career. Please include a description of any areas in which or her motivation to serve as a health care professional.
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Signature	Date
Name and Title (print or type)	·
Institution	Department
	E-mail
Rev. 092018	