Office of F Universit	essions Evaluation Form Health Professions ty of North Texas 0-369-8606
Full Name of Applicant:	UNT ID#
Applying for:   Medical  Dental  C Application for Entering Class of 20	Dptometry 🗆 Podiatry
	<b>n for ONE of the following statements:</b> quish any right of access to this confidential letter of tter of evaluation
Signature:	Date:
<u>To Be Completed by the Evaluator</u>	
Name & Title of the Evaluator:	
School/Department/Office:	E-mail:
Address:	Phone:
Relationship to the Applicant:	
Signature:	Date:

• Letter of Evaluation has been signed

Please mail or e-mail your Letter of Evaluation to the addresses listed below (e-mail copies must be in PDF format). You may return your letter to the applicant <u>in a sealed envelope with your</u> <u>signature spanning the sealed flap.</u> Please address your letter: "To the Admissions Committee:"

> Todd Lang Senior Academic Counselor University of North Texas, COS Hickory Hall, Rm. 256 1155 Union Circle, #311365 Denton, TX 76203-5017 <u>todd.lang@unt.edu</u>

## Sample of an Acceptable Letter of Recommendation

(please do not include this with the waiver you submit to Todd)



Suggested Applicant Traits to address in your letter:

-Reliability -Motivation for Profession -Stability -Social Values -Intellectual Curiosity -Drive -Work Habits -Personality -Leadership Qualities