To Whom It May Concern;

Re: __________________________

Student’s name

The Health Professions Evaluation Committee (HPEC) requests your help in evaluating students who are applying to pre-health professional schools. The HPEC uses these evaluations to gain a better understanding of the student applicants. The HPEC decision making process would be substantially aided if you could speak to any or all of the following traits that you have observed in the applicant.

- Communication skills
- Honesty
- Motivation
- Work habits
- Leadership potential
- Cultural and interpersonal sensitivity
- Dependability
- Academic aptitude and skills

Specific examples or details about your impressions of the applicant help to strengthen our evaluation. It is also helpful to state the nature and extent of your relationship with the applicant.

Letters must be dated, signed, on letterhead, and submitted by the HPEC application deadline for the student’s selected evaluation cycle. PLEASE CONFIRM THE DEADLINE for your letter WITH THE STUDENT APPLICANT.

Note: To comply with FERPA regulations, the student provides the following:

“In accordance with FERPA, I ____________________ (Ex. Jane Smith), authorize _______________________________ (Ex. Dr. Sean Wright) to write a letter of recommendation on my behalf in which he/she/zie may disclose the following education records: course enrollment information, grades, GPA, class rank, written evaluations, honors/awards, and disciplinary action(s). This letter is being requested by me for inclusion in my application to pre-health professional schools.”

Please address your letter to:

Jennifer Nauen, Ph.D.
Faculty Director of HPEC
Health Sciences Complex Room 111
University of Delaware
Newark, DE 19716

You will receive an automated email with a link to upload the letter from the student directly via an platform called Slate. If you have any questions or concerns, please contact us at HPEC-UD@udel.edu.

This individual has waived his/her/zer right to examine this letter of recommendation.
Student’s Signature:___________________________________ Date:___________________