REQUEST FOR PREPROFESSIONAL EVALUATION

Student Name:		(print legibly)
In requesting the Health Professions A program to which I have applied, I waiv	•	niversity to evaluate me for the professional n.
	ailing of the evaluation. At that	at I be admitted to the program for which I have time, I have the right to choose that the ent by the Committee.
Should I be rejected by the professional Union University and/or any individuals		lied, I waive all rights to legal recourse against sluation that I have requested.
Date	Signature of student requesting evaluation	
Student ID Number	Major	Minor
Program to which application is made	Signature of advisor certifying the student's readiness for application.	
Plans for completion of courses that ar Schools and/or application services, wi Please note: If the school receives y include the school's address in this	th complete addresses, to whic cour evaluation through AMC	ch evaluations are to be sent: AS or another application service, DO NOT
		mittee (listed below), I request that the following hree being faculty) be asked to participate in my
Committee members: 1) Dr. Marc Lockett	A	dditional participants:
2) Dr. Betsy Caceres	<u>1</u>)
Dr. Jimmy Davis Dr. Sally Henrie	2)
5) Mrs. Tamara Popplewell	_	
6) Dr. Michael Schiebout 7) Dr. David Ward	<u>3</u>	
	<u>4</u>)
	<u>5</u>)

Use additional sheets if needed. Please list experience (volunteer or paid) related to your career goals (include hours).
Please list your involvement in Union organizations and other extracurricular activities.