



APPLICATION FOR COMMITTEE EVALUATION

(Please Type or Print)

Name _____ Pre-Med Pre-Dent Pre-Opt
Last First Middle

WKU-ID _____ Appl. Service ID _____

E-mail _____

Major _____ Second Major _____ Minor _____

Cumulative GPA: _____ Date(s) of Admissions Test _____

MCAT Scores: Chem./Phys. _____ Crit. Anal. _____ Biol. _____ Behavioral Sci _____

DAT Scores: Academic Avg. _____ Perceptual Ability _____ Total Sci. _____

OAT Scores: Academic Avg. _____ QRT _____ Total Sci. _____

Professional Schools Applying to:

Please help us by informing your advisor of any changes to the above information and of any acceptances to professional schools

Evaluation Committee Members:

	Dept.	Courses Taken
Chair: _____	_____	_____
_____	_____	_____
_____	_____	_____

I _____, request that the Evaluation Committee listed above complete and submit a confidential evaluation on my behalf. I understand that by signing this form I waive my right to access this information.

Signature

Date