



REQUEST FOR COMMITTEE EVALUATION

Name _____
Last First Middle

WKU-ID _____

Major _____ Second Major _____ Minor _____

Pre-professional Concentration _____

Application Service and ID _____

Scheduled Exam Date _____

Evaluation Committee Members

	Department	Courses Taken
Chair _____	_____	_____
_____	_____	_____
_____	_____	_____

I _____, request that the Evaluation Committee above complete and submit a confidential evaluation on my behalf. By signing this form, I agree to ...

- ... waive my right to access the Committee's evaluation.
- ... provide additional information as requested by the Committee, such as personal statement, list of shadowing/volunteer/service/leadership activities, etc.
- ... notify the Committee of my professional exam scores.

Signature

Date