

# UNIVERSITY of HOUSTON

## Health Professions Advisory Committee Letter Writer Guidelines Form

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Student's Last name

Student first name

PSID#

Applying to:

**Medical School**

**Dental School**

*I hereby waive and relinquish any right of access to this confidential letter of evaluation.*

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Student's signature

Date

### To the Evaluator:

You have been asked to evaluate the qualities and attributes for the student named above for their application to medical or dental school. Your letter of recommendation will be sent to the University of Houston's Health Professions Advisory Committee (HPAC), which will use your letter along with other academic and biographical materials to evaluate the student's preparedness for professional school. After its review, HPAC will issue a consensus recommendation on behalf of the student. Your letter of recommendation will be submitted as part of a packet to the professional schools of this student's choosing.

### Instructions for the Evaluator:

1. Your letter must be typed on departmental or company letterhead and include your name and signature.
2. Please submit only .docx or .pdf files. Images or photos of letters will not be accepted.
3. Your letter should be addressed only to the "Admissions Committee." Do not address your letters to the University of Houston, Health Professions Advisory Committee (HPAC), the Pre-Health Advising Center, the UH College of Medicine or any other individual medical/dental school.
4. Please avoid asking the student to write their own letter. Meet with the student if you need more information to compose a strong letter. A 20-minute chat about their background, goals, etc. can go a long way.
5. Briefly describe your relationship with the student (e.g., advisor, instructor, supervisor, physician-mentor).
6. Only discuss numbers (GPA, MCAT/DAT score, grades) in context, such as in comparison to other students or to note trends or improvements in performance.
7. Comparisons between the student and his/her peers (in same class or major) are encouraged.
8. Be specific about student organizations, opportunities, and honors that may be unique to UH.
9. Assess the student's suitability for their chosen program (will he/she succeed in medical/dental school?).
10. Focus on behavior of student (maturity level, leadership ability, interpersonal skills, reliability).
11. It is recommended that your letter be limited to one page and no more than 2-pages.
12. Please ensure you have used the student's correct name throughout the letter's body as well as the appropriate pronouns (his/her, she/he).
13. Your letter must be dated and signed. Your academic/professional credentials should be placed below your signature.

Please email this document along with your Letter of Evaluation to the Pre-Health Advising Center: [prehealth@uh.edu](mailto:prehealth@uh.edu)