



## APPLICATION FOR COMMITTEE EVALUATION

(Please Type or Print)

Name \_\_\_\_\_ Pre-Med Pre-Dent Pre-Opt Pre-Pod  
Last First Middle (Circle One)

WKU-ID \_\_\_\_\_ Appl. Service ID \_\_\_\_\_

E-mail \_\_\_\_\_

Major \_\_\_\_\_ Second Major \_\_\_\_\_ Minor \_\_\_\_\_

Cumulative GPA: \_\_\_\_\_ Date(s) of Admissions Test \_\_\_\_\_

MCAT Scores: Verbal \_\_\_\_\_ Phys. Sci. \_\_\_\_\_ Biol. Sci. \_\_\_\_\_ Writing \_\_\_\_\_

DAT Scores: AC Ave \_\_\_\_\_ PAT \_\_\_\_\_ QRT \_\_\_\_\_ RC \_\_\_\_\_ Bio \_\_\_\_\_ Gen Chem \_\_\_\_\_ Org Chem \_\_\_\_\_ TS \_\_\_\_\_

OAT Scores: AC Ave \_\_\_\_\_ QRT \_\_\_\_\_ RCT \_\_\_\_\_ Bio \_\_\_\_\_ Gen Chem \_\_\_\_\_ Org Chem \_\_\_\_\_ Phy \_\_\_\_\_ TS \_\_\_\_\_

Professional Schools Applying to:

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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