

December 2, 2025

Non-Faculty Recommendation Form

For the Class to Matriculate Fall 2027

Please provide your **signed** recommendation on **letterhead**. Return it along with this two-page form by **March 1, 2026** to: Lafayette College, Health Professions Advising Office, Attn: Ms. Herschlag, 101 Scott Hall, 714 Sullivan Rd, Easton, PA 18042. You may email a signed PDF attachment to healthprofessions@lafayette.edu subject line HPAC Recommendation.

APPLICANT: Please enter all information in this section.

Recommender's Name:	Institution:
Applicant's Name:	Student Number:
Degree Program:	Class Year:
Major(s)/ Minor:	Cumulative GPA:

Applicant's Waiver of Rights:

I, _____, ☐ **waive** my right of access to this recommendation, ☐ **do not waive** my right of access to this recommendation.

RECOMMENDER: Please address your letter "Dear Health Professions Advisory Committee". We ask that you please provide reasons and details to support and contextualize your overall evaluation, *as well as refrain from disclosing FERPA-protected information including grades, etc.* Particularly helpful are comments on any of the following applicable qualities sought by health professional schools among their applicants:

Interpersonal Competencies (service focus, social and cultural skills, teamwork, oral communication), **Intrapersonal Competencies** (reliability, resiliency, capacity to improve, ethically sensitive), **Thinking and Reasoning Competencies** (critical thinking, quantitative reasoning and inquiry, written communication), **Science Competencies** (living systems, human behavior).

Please enter all information in this section.

I, _____ understand that my letter will form part of the applicant's Health Professions Advisory Committee Composite Letter of Evaluation (CLOE) sent to health professions schools. I also understand that my letter will be included verbatim, along with my name and professional identification, with other letters solicited by the applicant.

As part of your evaluation, please check the appropriate category below.

- ☐ **VERY HIGHLY RECOMMEND:** Applicant has demonstrated evidence of exceptionally outstanding potential.
- ☐ **HIGHLY RECOMMEND:** Applicant has exhibited abilities/qualities well above those of average applicant.
- ☐ **RECOMMEND:** Applicant has demonstrated potential for successful completion of health professions training.
- ☐ **RECOMMEND WITH RESERVATION:** Applicant has exhibited potential, but some aspects cause concern.
- ☐ **NOT RECOMMEND:** Applicant lacks demonstrable evidence of qualities to complete health professions training.
- ☐ **NOT ABLE TO EVALUATE USING THIS SCALE'S CRITERIA.**

Please complete the ranking form on the next page.

Please complete both page 1 and page 2

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To assist us in our holistic evaluation, please complete the rating form below, providing the context of the group with whom you are comparing the applicant.

<i>Traits Exhibited by the Applicant</i>	<i>Top 2%</i>	<i>2% - 10%</i>	<i>10%- 25%</i>	<i>25%- 50%</i>	<i>50%- 60%</i>	<i>60% or below</i>	<i>Unable To rank</i>
Maturity							
Self-reflection							
Motivation							
Persistence							
Integrity							
Creativity							
Judgment							
Leadership Capacity							
Ability to Collaborate							
Compassion							
Emotional Intelligence							
Cultural Sensitivity							
Effective Communication							
Realistic Awareness of Professional Expectations							
Evidence of relevant technical skills							
<i>Comparative group:</i>							

Recommender's Signature: _____
(either hand-written signature or authorized electronic signature)

Date completed: _____

Thank you for your time and assistance! Lafayette College Health Professions Advising Team

Please complete both page 1 and page 2