EVALUATION REQUEST FORM

OFFICE OF HEALTH CAREERS ADVISOR

Plyler Hall 224 - Furman University

NAME: _____ CHOSEN FIELD DATE OF GRADUATION _____ _____

FURMAN ID #: _____ ☐ Medicine Month Year

SOC. SEC. NO.: _____ ☐ Dentistry MAJOR: _____

HOME ADDRESS: _____ ☐ Vet. Med. ADVISOR: _____

CITY/STATE/ZIP: _____ ☐ Optometry SAT: V_____ Q _____ TOT. _____. ACT: _____

HOME PHONE #: _____ ☐ Osteopathy YEAR: freshman sophomore junior senior current cum

FURMAN ADDRESS: _____ ☐ Podiatry GPA: _____ _____ _____ _____ _____

CURRENT PHONE #: _____ ☐ _____ s/mGPA:_____ _____ _____ _____ _____

E-MAIL ADDRESS: _____

SCIENCE/MATH COURSES: GRADES AND FACULTY

SCIENCE / MATH COURSES	TERM TAKEN	GRADE	FACULTY

FACULTY/STAFF CHOSEN FOR LETTERS OF EVALUATION (Two Must Be Science Faculty)

Name	Position	Address

OFF-CAMPUS INDIVIDUALS CHOSEN FOR LETTERS OF EVALUATION

Name	Position	Address

SCHOOLS TO WHICH YOU WILL APPLY	
Early Decision School (if any)	