

Instructions for filling out the Evaluator's Section of OPTOMCAS

Please enter the information as outlined below:

https://optomcas.liaisoncas.com/applicant-ux/#/supportingInfo/evaluations/evaluation/11101

Evaluations

Create Evaluation Request

4/4 Sections Completed

- Evaluations ✓
- Experiences ✓
- Achievements ✓
- Release Statement ✓

Evaluator's Information

First Name: The University of Alabama

Last Name: Health Professions Advising Office

Email Address: prehealthrecs@ua.edu

Due Date: 08/03/2015 MM/DD/YYYY

Personal Message/Notes (Optional): 0/500

Waiver of Evaluation

I waive my right of access to this evaluation. Yes No

Permission to Contact Reference

I hereby give permission to contact this reference via email to request the completion of the reference form and letter of reference. If my reference does not submit an online reference form in response to the email request, it is my sole responsibility to contact the reference directly to ensure all references required by my designated schools are received by the deadline.

Permission for Schools to Contact Reference

I understand that the schools to which I am applying may contact the reference either to verify the information provided and/or for further clarification of the information provided, and I hereby give permission for the schools to do so.

This will send a link to the prehealthrecs email address and we upload your LETTER PACKET (Committee Letter PLUS all other supporting letters of recommendation that you sent to the Health Professions Advising Office).