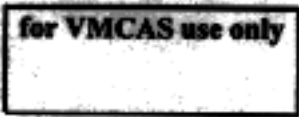


YMCAS APPLICANT EVALUATION

(Applicant: Enter your name, social security number, and telephone number and sign statement A or B below before giving this form to an evaluator.)



Name of Applicant Megan Elizabeth Bounds Telephone (865) 977-0905 u.s. Social Security Number (Optional) Email:
Name of Evaluator David Golden, Ph.D. Telephone (865) 974-7247 Evaluator's Title or Occupation

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Institution, Practice, or Place of Business University of Tennessee
Evaluator's Address 2605 ~-yer Road. r.O.Box 1071
Street City Knoxvi Hp State m ZIP CODE 37901

VMCAS EQUAL OPPORTUNITY STATEMENT

All veterinary medical colleges participating in VMCAS are equal-ac-cesslequal opportunity institutions. As such, they do not discriminate on the basis of race, ethnic background, religion, disability, age, gender, or sexual orientation.

Letter(s) of recommendation currently on file in an advisor's office are acceptable to VMCAS if attached to this signed form. If you are sending a packet of letters to satisfy the VMCAS evaluation requirement, you must sign and attach a VMCAS evaluation form to each letter. Seal the letter(s) and form(s) in an institutional or business envelope and sign across the back seal. If your school has a policy, which forbids you to release sealed letters to the applicant, you may mail the letter(s) with the VMCAS Evaluation form(s) directly to the VMCAS colleges chosen by the applicant. These materials must be postmarked by October 1 for all YMCAS colleges, except for the University of Tennessee and Oregon State University; ~~,aluations for!,~e institutions must be postmarked by November 1.

, c c : The above-named applicant has requested that you evaluate him/her as a candidate for the professional curriculum of a college of veterinary medicine. The information you provide will be used only in the admissions process. You may be contacted by a member of the admissions committee seeking additional information or verification. The candidate has indicated below whether or not he/she wishes to have access to this evaluation. Please place this evaluation in a business envelope; seal, then sign the envelope across the back seal. Please forward the evaluation to each of the VMCAS colleges chosen by the applicant or return the envelope to the applicant to be forwarded to the appropriate colleges. Evaluations must be postmarked by October 1 for all YMCAS colleges, except for the University of Tennessee and Oregon State University; evaluations for these institutions must be postmarked by November 1.

TO THE PRE-HEALTH ADVISOR:

1. How long have you known or observed the applicant?
2. In what capacity have you known the applicant?
3. In the past five years, I have evaluated approximately candidates for admission to veterinary medical colleges.

TO THE APPLICANT:

Applicants who are admitted have the right, under the family educational rights and privacy act of 1974, to see written evaluations submitted on their behalf, unless they waive the right. Please indicate your choice by signing either statement a or b. The signing of this waiver is voluntary and refusal to do so will not be a factor in considering your application.


A. I hereby waive my right of access to the applicant evaluation provided by the evaluator named above.

Applicant's Signature

Date

B. I do not waive my right of access to the applicant evaluation provided by the evaluator named above. He or she should be made aware

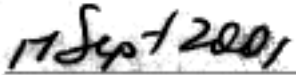
that I retain my right of access and that the confidentiality of the evaluation is not guaranteed.



Megan E Bawls

V

Applicant's Signature



17 Sep 2001

Date

This waiver is effective insofar as the recommendation is used solely for the purpose of admission. However, because of variation in state laws, this waiver may not be valid in every state nor can the confidentiality of this evaluation be guaranteed in every state.