

**Texas A&M University
College of Medicine**

EVALUATION FORM

To be completed by applicant. Please print neatly in black ink.

Name: _____ Last Four digits of SSN: _____
Last First Middle

Name of High School/College or University : _____

I hereby voluntarily waive and relinquish any right of access to this confidential letter of evaluation. I retain my right to access this letter of evaluation.

Signature _____ Date _____ Signature _____ Date _____

THE REMAINDER OF THIS FORM IS TO BE COMPLETED BY THE EVALUATOR.

Evaluator, please **do not** return this form and letter to applicant. It must be emailed no later than **February 1st**.

Check the following to show your relationship with the applicant, NOT your title or position.

- | | |
|---|---|
| <input type="checkbox"/> Academic Advisor | <input type="checkbox"/> Employer or <input type="checkbox"/> Volunteer Supervisor |
| <input type="checkbox"/> Coach or <input type="checkbox"/> Athletic Director | <input type="checkbox"/> Guidance Counselor |
| <input type="checkbox"/> Current or <input type="checkbox"/> Former Science Teacher | <input type="checkbox"/> School Principal or <input type="checkbox"/> other administrator |
| <input type="checkbox"/> Current or <input type="checkbox"/> Former Non-science Teacher | <input type="checkbox"/> Other (Please specify) _____ |

Evaluator Information (Please type or print in black ink.)

Name Title

School or Organization

No. and Street City and State Zip Code

Telephone No. Fax No. E-Mail

Signature Date

Applicant Name _____

A. Familiarity with Applicant

How long have you known the applicant? _____ Years _____ Months

How have you come to know the applicant?

B. Applicant's Academic Record: Is applicant's academic record indicative of intellectual ability?

Yes No (If no, explain briefly below or expound in letter)

C. Profile: Complete by checking the boxes at the right which correspond to your evaluation of each characteristic.

Enter zero (0) if you feel you are unable to evaluate a specific trait.

	(High)	7	6	5	4	3	2	1	0 (Low)
Reliability- intellectual and personal integrity, promptness, conscientiousness									
Motivation- manifests a desire for medicine as career, persevering									
Stability- self-control, judgment, consistency, maturity, dependability									
Social Values - sensitivity to needs of others									
Intellectual Curiosity- interest in learning									
Industry- drive, initiative, work ethic									
Personality- manners, courtesy, tact, poise									
Leadership- able to teach and direct others									
Overall Assessment									

Applicant Name _____

C. Summary Opinion: Please check the category in which you would place this applicant regarding her/his overall suitability for medicine as career.

- 0 Insufficient information** or contact with this applicant to make such evaluation.
- 7 An Excellent Applicant** - Sound evidence that the applicant is in the **upper 10%** of applicants I have known. A person who appears only once every few years.
- 6 Well Above Average** - probably in the **upper 1/4** of applicants I have known.
- 5 Above Average** - probably in the **upper 1/3** of applicants I have known.
- 4 Average** - probably in the **middle 1/3** of applicants I have known.
- 3 Slightly Below Average** - probably in the **lower 1/3** of applicants I have known.
- 2 Below Average** - probably in the **lower 1/4** of applicants I have known.
- 1 Very Poor** - probably in the **lower 10%** of applicants I have known.

E. Letter of Evaluation or Recommendation - Please include in your letter all pertinent information regarding the applicant in following areas:

- | | |
|--|--|
| 1. Special strengths and weaknesses | 4. Extracurricular activities including employment |
| 2. Any inconsistent aspects of the applicant's academic record | 5. Health related experience(s) |
| 3. Ability to do independent work | 6. Any special or unusual life circumstances |

* Email letter and evaluation form directly to Ms. Betty Geiger: geiger@medicine.tamhsc.edu