



Pre-Med Fellows Program APPLICANT LETTER OF EVALUATION FORM

Students Name: _____

University Currently Attending: _____

You must sign **ONE** of the statements below.

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

Sign: _____ Date: _____

I retain my right of access to this letter of evaluation.

Sign: _____ Date: _____

* If the waiver signature line is not completed, it is assumed that the applicant has not waived his/her right of access to the letter.

Mr. Fernando Vasquez, Director of Admissions
8447 State Highway 47
Bryan, Texas 77807
Email: fvasquez@medicine.tamhsc.edu

The remainder of this form is to be completed by the evaluator.

When completed, the evaluator must scan and Email or print and Mail the evaluation directly to the Program Director listed above:

Do Not Return Evaluation To Applicant. This evaluation must be submitted by letter writer on official letter head.

**Please check one of the following to indicate your relationship with the applicant.
NOT your title or position.**

<input type="checkbox"/>	University Faculty
<input type="checkbox"/>	Other (Please list title)

This evaluation is being completed by:

Name/Title: _____

School/Company/Other: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

Student's Name: _____

A. Familiarity with applicant (how known, how long, and how well known?):

B. Please rate the above student by circling the number that most nearly represents your opinion of the student relative to her/his level of education.

	Unable to Judge	Poor	Fair	Good	Outstanding
Intellectual ability	0	1	2	3	4
Integrity	0	1	2	3	4
Work habits	0	1	2	3	4
Motivation toward medicine	0	1	2	3	4
Leadership	0	1	2	3	4
Imagination/Creativity	0	1	2	3	4
Initiative	0	1	2	3	4
Ability to work with others	0	1	2	3	4
Maturity	0	1	2	3	4
Ability to communicate (written)	0	1	2	3	4
Ability to communicate (spoken)	0	1	2	3	4

C. Comments

Signature: _____ **Date:** _____