LETTER OF EVALUATION
for

Name of Student (please print) ____________________________ Student I.D. Number ____________________________

EVALUATOR: Please ensure that the student has signed the waiver statement below.

APPLICANT: Please check one of the boxes below and sign before giving this to the evaluator.

☐ I agree to respect the confidentiality of the evaluation and specifically waive any right of access under the Family Educational Rights and privacy Act of 1974 as amended.

☐ I do not waive any rights I might have to examine this evaluation.

Legal Signature of Student ____________________________ Date Signed ____________________________

1. In what capacity have you been associated with the student? ____________________________

2. How well do you know the applicant?
   A. ☐ Very well    B. ☐ Fairly well    C. ☐ Slightly

3. How long have you known the applicant? ____________________________

4. What would be your attitude toward having the applicant in a responsible position under your direction?
   A. ☐ Definitely would want her/him    B. ☐ Would want her/him
   C. ☐ Would be satisfied with her/him    D. ☐ Would prefer not to have her/him
   E. ☐ Definitely would not want her/him    F. ☐ Unable to judge

5. To your knowledge, has there ever been any disciplinary action involving this student that might indicate unsuitability for a professional career in the medical field?
   ☐ Yes  ☐ No  If yes, provide full explanation in Narrative Comments section or in an attached letter.

Please indicate with a check ✓ your opinion for each factor pertaining to this applicant, relative to other students at this institution.

<table>
<thead>
<tr>
<th>FACTORS</th>
<th>OUTSTANDING Top 5%</th>
<th>EXCELLENT Next 10%</th>
<th>VERY GOOD Next 20%</th>
<th>GOOD Next 40%</th>
<th>FAIR Next 20%</th>
<th>POOR Next 5%</th>
<th>NO BASIS FOR JUDGMENT</th>
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<tbody>
<tr>
<td>MOTIVATION: for genuineness and depth of commitment.</td>
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<td>MATURITY: personal development, ability to cope with life situations.</td>
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<td>EMOTIONAL STABILITY: performance under pressure, mood stability, constancy in ability to relate to others.</td>
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<td>INTERPERSONAL RELATIONS: ability to get along with others, rapport, cooperation, attitudes toward supervision.</td>
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<td>EMPATHY: sensitivity to needs of others, consideration, tact.</td>
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<td>JUDGMENT: ability to analyze a problem, common sense, decisiveness.</td>
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<td>RESOURCEFULNESS: originality, skillful management of available resources.</td>
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<td>RELIABILITY: dependability, sense of responsibility, promptness, conscientiousness.</td>
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<td>COMMUNICATION SKILLS: clarity of expression, articulateness.</td>
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<td>PERSEVERANCE: stamina, endurance.</td>
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<td>SELF CONFIDENCE: assuredness, capacity to achieve with awareness of own strengths and weaknesses.</td>
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NARRATIVE COMMENTS: For maximum credibility, your comments regarding the general intellectual abilities and suitability for a career in one of the health professions are needed to support your overall rating of this applicant. Please attach a separate page if you require more space (typing is not required).

Please check the box corresponding to your overall evaluation of this applicant for medical, veterinary medical, dental or allied health school.

A. □ Outstanding Candidate (>95 percentile)
B. □ Excellent Candidate (85-95 percentile)
C. □ Very Good Candidate (65-84 percentile)
D. □ Good Candidate (25-64 percentile)
E. □ Fair Candidate (5-24 percentile)
F. □ Poor Candidate (<5 percentile)
G. □ No Basis for Judgment

Name ____________________________________________ (print) ____________________________ title

__________________________________________ signature ____________________________ department

__________________________________________ school ____________________________ date

Please return this form directly to:

Pre-health Professions Advisory Committee
Department of Biology, 2035 Bailey Science Center
Valdosta State University
1500 North Patterson Street
Valdosta, GA 31698