REQUEST FOR EVALUATION

EVALUATOR: ____________________________________________

Department or Unit

I intend to apply for admission to medical school and would like to have a recommendation from you. I hereby request that you furnish an evaluation for me.

_____________________________________
Student’s Printed Name

_____________________________________
Student’s Signature

DATE

RELEASE OF RIGHTS TO SEE EVALUATION

________ I do not waive my rights.

________ I do hereby voluntarily waive all rights which I otherwise would be able to assert under the Family Educational Rights and Privacy Act of 1974 with respect to this evaluation. By such waiver I expressly consent to, and do hereby authorize, Southern Illinois University Carbondale, and any professional school to which Southern Illinois University Carbondale may hereafter forward this evaluation or its contents, to retain said evaluation or information in a strictly confidential manner, specifically to include withholding such from me and my family whenever I may request to see it or to be informed of its contents, and otherwise to deny me access to this evaluation once submitted by the evaluator.

_____________________________________
Student’s Printed Name

_____________________________________
Student’s Signature

DATE

TO THE EVALUATOR: This evaluation form will be used by the Health Preprofessional Committee to prepare a composite letter of evaluation for the named student above. Your candid evaluation of the student’s strengths and weaknesses would be greatly appreciated. If the student has waived his or her rights to see the evaluation, it will remain strictly confidential.

Complete all three parts of the evaluation: 1.) Courses or other evaluative positions in which you know the student 2.) Checklist portion 3.) A separate letter, on letterhead. The composite checklist, letters of evaluation and the Health Preprofessional Committee summary of recommendation

Note: This evaluation must not be hand-carried by the student, or it will not be accepted.
PREMEDICAL EVALUATION
Southern Illinois University at Carbondale

Evaluation of premedical student: ____________________________________________
(print student name)

Evaluation is based on
Frequent contact and personal acquaintance with student ________
Moderate contact with and knowledge of student ________
Infrequent contact with and limited knowledge of student ________

PART 1: Course(s) in which you have taught this student (or other evaluative position):

<table>
<thead>
<tr>
<th>Title</th>
<th>Grade</th>
<th>Rank (x/xx)</th>
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<tbody>
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</table>

Do you consider this course

- Difficult [ ]
- Average [ ]
- Easy [ ]

PART 2: Checklist

<table>
<thead>
<tr>
<th></th>
<th>Exceptional</th>
<th>Better than Average</th>
<th>Average</th>
<th>Below Average</th>
<th>No basis for evaluation</th>
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</thead>
<tbody>
<tr>
<td>PERSONALITY – Disposition, tact, courtesy, affability, poise</td>
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<td>SENSITIVITY – Compassion, empathy, consideration</td>
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<td>COOPERATION – Respect for authority, ability to work with others, tolerance</td>
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<td>DILIGENCE – Industry, perseverance, genuine interest, dedication, conscientiousness</td>
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<td>EMOTIONAL STABILITY – Self control, maturity, composure, receptiveness to criticism</td>
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<tr>
<td>INTELLECTUAL ABILITY – Depth of knowledge, judgment, logical thought, common sense, integration</td>
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</tbody>
</table>

(Comments)
Better
No basis
Exceptional
Average
Below
No basis
than
Average
for evaluation

SCIENTIFIC APTITUDE – Resourcefulness, independence, decisiveness, intellectual curiosity, motivation
(Comments)

PROFESSIONALISM – Appropriate interpersonal behavior, exhibiting personal responsibility either in or out of the classroom
(Comments)

INTEGRITY – Soundness of personal character
(Comments)

No reason to doubt
Doubtful

Does this student communicate well? If "no" explain

Yes
No

____________________________________  ______________________________________
Date  Signature

____________________________________
Department or Position

Please return to: Tammi Pinski
Health Professions Information Office
College of Science Advisement
Mail Code 4404
Southern Illinois University
Carbondale, IL 62901-4404