

# EVALUATION FORM (College)

ETSU Pre-Health Outreach Programs

P.O. Box 70580

Johnson City, TN 37614-1708

This section is to be completed by the applicant.

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
MI

By signing below, I hereby voluntarily waive all rights of access to this letter of recommendation conferred to me by the Family Education Rights and Privacy Act of 1974 (Buckley Act) and as amended.

**NOTE:** This waiver is not required as a condition for admission to Pre-Health Outreach Programs.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## TO BE COMPLETED BY EVALUATOR

The student listed above is requesting that you complete this form as a part of application to the East Tennessee State University, James H. Quillen College of Medicine, Pre-Health Outreach Programs. The Programs are designed to enhance the academic preparation of under-represented students who are interested in pursuing a career in the health sciences.

### I. Please rate the applicant on the following personal characteristics.

	Superior	Good	Avg.	Fair	Weak	Unable to Evaluate
Reliability						
Communication Skills						
Maturity Level						
Interaction with Others						
Self-Confidence						
Leadership Ability						
Personal Integrity						
Work Ethic						

### II. In comparison to a representative group of students who have the same amount to experience and training, rate the applicant in the following areas.

	Top 5%	Top 10%	Top Quarter	Top Half	Bottom Half	Unable to Evaluate
Present Academic Performance in College Coursework						
Academic Aptitude and Potential for Professional School Coursework						

- III. In the space below, provide us with any additional comments that you would like to make that would assist us in evaluating this student's application, including your appraisal of the applicant's promise as a college student, and his/her major strengths and weaknesses.

IV. Overall Evaluation

☐ Highly Recommend    ☐ Recommend with Confidence    ☐ Recommend with Reservation  
☐ Recommend    ☐ Not Recommended

In what capacity do you know the student? (Check all that apply)

☐ Counselor    ☐ Instructed student in class    ☐ Other (Specify) \_\_\_\_\_

Name _____	Title _____
School _____	Department _____
Address _____	Telephone _____
_____	Email _____
_____	_____
<b>Signature</b>	<b>Date</b>

*Please return evaluation to:*  
ETSU Quillen College of Medicine  
Pre-Health Outreach Programs  
P.O. Box 70580  
Johnson City, TN 37614  
423-439-2034 (Phone)    423-439-2060 (Fax)