

CANDIDATE EVALUATION FORM MEDICAL SCHOOL APPLICATION

If you cannot complete both sides of this form and write a personal narrative letter by June 15, 2022, please return this form to candidate. Please TYPE or WRITE using BLACK INK ONLY.

CANDIDATE (please print your name):_

I request that you complete this evaluation form as a part of my medical school application. I understand that your candid evaluation of me and information from school records is sought. *In compliance with Public Law 93-380, I waive my right to review this evaluation.*

Signature

Date

Important: If above waiver statement is not signed, candidate retains right to review this recommendation.

The candidate named above has asked that an evaluation from you be included in his/her application file. Please complete both sides of this form **and include your narrative comments typed on your stationery**. The information you provide will help the pre-medical advisors compile a comprehensive evaluation supporting this student's application to medical school. The Pre-Medical Committee will submit photocopies of each written evaluation with the student's pre-medical application. Please respond as quickly as possible.

By June 15th please return this completed evaluation form *and personal narrative* to:

Hamline University Pro Benjamin For	or	Email to Benjamin Forman <u>bforman02@hamline.edu</u>						
	ewitt Avenue IN 55104-1284							
501 4449 11	(please print))						
REFERENCE WRITER:								
Signature:			Date:					
Title:		Phone:						
School or Organization:								
Desident								
Department: —								
Street Address: —								
City, State, Zip								
THIS SECTION IS TO BE COMPLETED BY REFERENCE WRITER. PLEASE TYPE OR PRINT CLEARLY USING BLACK INK ONLY.								
In what capacity have you been Instructing:	associated with the candidate? □ Laboratory		Seminar	□ Independent Study				
☐ Academic Advising ☐ Other (please specify	Employment as laboratory a		Student organizations	□ Socially				
How well do you know the candidate? (If not acquainted, please return the form without completing the items below).								
How long have you known the c	candidate?							

OVER PLEASE

Please indicate with a check (\checkmark) your opinion of this candidate's position on that factor relative to undergraduate seniors.

FACTORS	Outstanding	Excellent	Very Good	Good	Fair	Poor	No Basis for
	Top 5%	Top 10%	Top 15%	Top 25%	Top 50%	Lower 50%	Judgment
ABILITY TO MASTER INFORMATION: mastery of course							
content, following instructions.							
ABILITY TO CONCEPTUALIZE AND APPLY							
KNOWLEDGE: connecting disparate information, synthesizing							
information from multiple sources.							
CRITICAL THINKING SKILLS: ability to analyze, interpret or evaluate information.							
COMMUNICATION SKILLS: clarity of expression in oral and written forms, active listening skills.							
RESOURCEFULNESS: creativity, originality, skillful management of available resources.							
MOTIVATION FOR MEDICINE: genuineness and depth of commitment.							
MATURITY: personal development, ability to cope with life situations.							
INDEPENDENCE: ability to complete tasks without supervision, ability to manage time.							
EMOTIONAL STABILITY: performance under pressure, mood stability, constancy in ability to relate to others.							
INTERPERSONAL RELATIONS: ability to get along with							
others, rapport, cooperation, attitudes toward supervision.							
EMPATHY: sensitivity to needs of others, tact, consideration.							
JUDGEMENT: common sense, decisiveness.							
RELIABILITY: dependability, sense of responsibility, promptness, conscientiousness.							
PERSEVERANCE: does not give up easily, does not get discouraged stamina, endurance.							
SELF CONFIDENCE: assuredness, capacity to achieve with awareness of own strengths and weaknesses.							

What would be your attitude toward placing this person in a responsible		What would be your attitude toward entrusting yourself or a member of your			
position under your direction?		family to this person as a physician, after appropriate training?			
Please check (\checkmark) proper box.		Please check (\checkmark) proper box.			
	I would definitely choose this particular person above others.		I would definitely choose this particular person above others.		
	I would choose this person as one of a group of many good prospects.		I would choose this person as one of a group of many good prospects.		
	I would be satisfied with this person.		I would be satisfied with this person.		
	I would prefer not to have, but would accept, this person.		I would prefer not to have, but would accept, this person.		
	I would prefer not to have this person.		I would prefer not to have this person.		
	I have insufficient information to decide on this.		I have insufficient information to decide on this.		

Please circle your overall evaluation of the candidate for medical school.

Top 50%

Lower 50%

Top 5% Top 10% Top 15% Top 25% No Basis for Judgment

PRE-MEDICAL NARRATIVE GUIDELINES for candidate references

Please attach a personal narrative about this candidate on your own stationery (typed and dated, with your name typed as well as your signature).

The Association of American Medical Colleges suggests the following areas as important to admissions committees. Please consider this candidate in comparison with other medical school applicants you have known.

Personal Attributes:

Please emphasize assets and liabilities, particularly those qualities which would indicate special promise or potential problems for medical education or practice. Your description of the candidate's actions in particular situations will help to clarify your appraisal.

Academic Achievement:

Since transcripts are available, comments should amplify the information on the candidate's academic record including the following:

- · Academic achievement relative to other pre-medical students; e.g., class standing.
- · Consistency of performance.
- Extenuating circumstances which might account for a typical grade(s) or course load(s).
- \cdot Degree of rigor of class(s) introductory vs. upper level, honor section(s), etc.

Employment, extra-curricular or vocational activities:

Since this information is given on the application, mention only if you can elaborate meaningfully on them. Any activities which indicate motivation for medicine or concern for others are of special interest. If involvement was extensive, what was the effect on academic achievement?

Honors received, academic or non-academic:

Specify the competition or degree of selectivity of such awards, e.g., how many were awarded in what student population.