



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 Pre-Medical Committee c/o
Benjamin Forman, MS-B1807
1536 Hewitt Avenue
St. Paul, MN 55104-1284**

OR

**Email to Benjamin Forman
bforman02@hamline.edu**

(please print)

REFERENCE WRITER: _____

Signature: _____ **Date:** _____

Title: _____ **Phone:** _____

School or Organization: _____

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 associated with the candidate?

- Instructing: Laboratory Seminar Independent Study
- Academic Advising Employment as laboratory assistant Student organizations Socially
- Other (please specify)

How well do you know the candidate? *(If not acquainted, please return the form without completing the items below).*

- Very Well Fairly Well Slightly Not At All

How long have you known the candidate? _____

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).
- 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.