

Please accept this form in lieu of any you may currently use.

HEALTH PROFESSIONS EVALUATION FORM

Name: _____	Pin No.: _____
College Currently Attending: <u>Midwestern State University</u>	
Applying for: Medical _____ Dental Schools _____ Entering Class of: _____	
I hereby voluntarily waive and relinquish any right of access to this confidential letter of evaluation.	
Signature _____	Date _____

The remainder of this form is to be completed by the evaluator.

Please check to indicate your relationship with the applicant.

NOT your title or position.

<input checked="" type="checkbox"/>	Health Professions (Premed/Predent) Advisory Committee – Undergraduate Institution		
<input type="checkbox"/>	Health Professions Advisor – Individual H.P. Advisor at Undergraduate Institution		
<input type="checkbox"/>	Academic Advisor	<input type="checkbox"/>	Current or Former Professor
<input type="checkbox"/>	Graduate Advisor or Major Professor	<input type="checkbox"/>	Chair, Graduate Department
<input type="checkbox"/>	Immediate Work/Volunteer Supervisor	<input type="checkbox"/>	Laboratory Supervisor
<input type="checkbox"/>	Business Associate	<input type="checkbox"/>	Other (Please specify)

This is (check one): a Committee Evaluation

Name/Title: Dr. Christopher A. Hansen, Chair, HPAC

School: Midwestern State University

Address: 3410 Taft Blvd.

Phone: (940) 397-4285 Fax: (940) 397-4831 E-Mail: chris.hansen@mwsu.edu

Signature: _____ Date: _____

A. Familiarity with applicant (how known, how long, and how well known?):

B. Do you feel the applicant's academic record to be indicative of his/her intellectual ability?

Yes No (if no, explain below)

C. COMMENTS

Please include in this section all pertinent information you have regarding the applicant. Of prime importance are comments about: (1) special strengths and weaknesses of applicant; (2) any inconsistent aspects of applicant's academic record; (3) applicant's ability to do independent work; (4) applicant's extracurricular activities including employment. This section is valuable in deciding among cases where all else appears equal. Please attach additional sheets if necessary.

Complete by checking the boxes at the right which correspond to your evaluation of each characteristic. Enter zero if you feel you are unable to evaluate a specific characteristic.

(High) 7 6 5 4 3 2 1 0 (Low)

RELIABILITY – intellectual and personal Integrity, promptness, conscientiousness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MOTIVATION –for medicine or dentistry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
STABILITY – self control, judgment, consistency, maturity, dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SOCIAL VALUES – sensitivity to needs of others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INTELLECTUAL CURIOSITY – interest in learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INDUSTRY – drive, initiative, work habits, performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PERSONALITY – manners, courtesy, tact, poise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LEADERSHIP – ability to inspire confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OTHER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

E. SUMMARY OPINION

Please check the category in which would place this applicant regarding his/her *overall* suitability as a medical or dental applicant.

<input type="checkbox"/>	0. Insufficient Information or contact with this applicant to make such evaluation.
<input type="checkbox"/>	7. <i>An excellent applicant.</i> Sound evidence that the applicant is in the upper 10% of applicants I have known. A person who appears only once every few years.
<input type="checkbox"/>	6. <i>Well above average.</i> Probably in the upper ¼ of applicants I have known.
<input type="checkbox"/>	5. <i>Above average.</i> Probably in the upper 1/3 of applicants I have known.
<input type="checkbox"/>	4. <i>Average.</i> Probably in the middle 1/3 of applicants I have known.
<input type="checkbox"/>	3. <i>Slightly below average.</i> Probably in the lower 1/3 of applicants I have known.
<input type="checkbox"/>	2. <i>Below average.</i> Probably in the lower ¼ of applicants I have known
<input type="checkbox"/>	1. <i>Very poor</i>