



APPLICANT LETTER OF EVALUATION FORM

Students Name: _____

University Currently Attending: _____

You must sign **ONE** of the statements below.

I hereby voluntarily waive and relinquish any right of access to this confidential letter of evaluation.

Sign: _____ Date: _____

I retain my right of access to this letter of evaluation.

Sign: _____ Date: _____

JAMP Faculty Director's (JFD), please provide the following information before issuing this form to potential applicants.

JFD's Name: _____

Institution: _____

Address: _____

City: _____ State: _____ Zip: _____

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

When completed, the evaluator must send the evaluation directly to the JAMP Faculty Director listed above:

Do Not Return Evaluation To Applicant. This evaluation must be submitted by the JFD.

Please check one of the following to indicate your relationship with the applicant.

NOT your title or position.

<input type="checkbox"/>	JAMP Faculty Director
<input type="checkbox"/>	University Faculty

This evaluation is being completed by:

Name/Title: _____

School: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

Student's Name: _____

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

B. Please rate the above student by circling the number that most nearly represents your opinion of the student relative to her/his level of education.

	Unable to Judge	Poor	Fair	Good	Outstanding
Intellectual ability	0	1	2	3	4
Integrity	0	1	2	3	4
Work habits	0	1	2	3	4
Motivation toward medicine	0	1	2	3	4
Leadership	0	1	2	3	4
Imagination/Creativity	0	1	2	3	4
Initiative	0	1	2	3	4
Ability to work with others	0	1	2	3	4
Maturity	0	1	2	3	4
Ability to communicate (written)	0	1	2	3	4
Ability to communicate (spoken)	0	1	2	3	4

C. Comments

Signature: _____ **Date:** _____