

TMDSAS EVALUATION FORM

Do NOT use this form if applying to Vet school

To be completed by the applicant:

Applicant's Name: _____ TMSAS ID: _____
Last First Middle

College Currently Attending: _____

Applying for: Medical Dental Entering Class of: _____

Applicant 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: _____

The remainder of this form is to be completed by the evaluator.
 Completed evaluations must be sent **by the evaluator** directly to:

TMDSAS
 702 Colorado, Suite 6.400
 Austin, Texas 78701

EVALUATOR: Please Do Not Return Letter To The Applicant.

Please indicate below your relationship with the applicant; NOT your title or position.

<input type="checkbox"/>	Health Professions (Premed/Predent) Advisory – 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 or Composite Evaluation an Individual Evaluation

Prepared by:
 Name/Title: _____
 School: _____ FICE Code: _____
 Address: _____
 Phone: _____ Fax: _____ Email: _____
 Signature: _____ Date: _____

* Your signature is required on both this form and your attached letter.

A. Please attach a typed personal letter of evaluation on department or official letterhead. Your letter should include all pertinent information you have regarding the applicant. Of prime importance are comments about: special strengths and weaknesses of applicant; any inconsistent aspects of applicant's academic record; applicant's ability to do independent work; applicant's extracurricular activities including employment. Your letter is valuable in deciding among cases where all else appears equal.

B. Discuss your familiarity with applicant (how known, how long, and how well known?):

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

YES **NO** (if no, explain below)

D. PROFILE (optional)

Complete by indicating to the right your evaluation of each characteristic. Enter zero if you feel you are unable to evaluate a specific characteristic.

	(High)							(Low)	
	7	6	5	4	3	2	1	0	
RELIABILITY – intellectual & personal integrity, promptness, conscientiousness									
MOTIVATION – for medicine or dentistry									
STABILITY – self-control, judgment, consistency, maturity, dependability									
SOCIAL VALUES – sensitivity to needs of others									
INTELLECTUAL CURIOSITY – interest in learning									
INDUSTRY – drive, initiative, work habits, performance									
PERSONALITY – manners, courtesy, tact, poise									
LEADERSHIP – ability to inspire confidence									
OTHER _____									

E. SUMMARY OPTION

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

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