

GSU Faculty: Premedical Student Evaluation Form

(Medical, Osteopathic, Dental, Veterinary, Optometry, Physician's Assistant, Pharmacy and Other)

Applicant's Name:	
Panther ID #:	
Date:	
Evaluator's Name:	
Course/s with Evaluator:	
Semester and Year of Course/s:	
Type of Professional Health Program:	

The applicant named above has chosen you to submit a letter of recommendation in support of his/her application to a professional school. As you formulate your thoughts, please keep in mind that professional schools seek to admit persons who are academically and personally qualified to complete a rigorous professional program. Your written evaluation of this applicant is the most important part of this request, as it is included in the composite letter. **Your letter must be composed on a GSU letterhead.** Please address how long and in what capacity you have known the applicant, the applicant's leadership potential, and his/her potential to be a strong, independent learner, as well as why you feel this applicant would be a good candidate to practice in the health care field. Your evaluation of this applicant relative to his/her peers would be especially helpful.

Please Submit Forms To:

College of Arts and Sciences
Office of Academic Assistance
ATTN: Premedical Faculty Advisory Committee
P.O. Box 4100
Atlanta, Georgia 30302-4100

GSU Faculty: Student Evaluation FERPA Form

Student Instructions: Please fill out this form completely. As a reminder, once a letter is submitted to your premedical file, it becomes GSU property. *If the statement below is left blank, your rights to access this evaluation will be waived automatically.*

I, (print full name) _____, am applying for admission to medical/dental/other _____ school.

UNDER THE FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT OF 1974:

I WAIVE

I DO NOT WAIVE

THE RIGHT TO HAVE ACCESS TO THIS EVALUATION OR ANY DOCUMENT THAT ACCOMPANIES THIS EVALUATION.

Student's Signature

Printed Name

Date

Evaluator Instructions: Your written evaluation of this student is the most important part of this request. Please include comments on the following characteristics: student's reasoning ability, speaking and writing ability, work habits, resourcefulness, emotional adjustment, maturity, interpersonal relationships, personal integrity, sense of responsibility, judgement, empathy, self-concept, leadership, community service and ability to make long-range plans. Please note the following submittal guidelines:

- Letters must be signed and on a GSU letterhead.
- If turned in by the student, letters must be in a sealed envelope with the evaluator's signature across the seal. Letters can be turned in at 25 Park Place, 3rd floor.
- Letters do not have to be sealed when turned in by the evaluator at 25 Park Place, 3rd floor.
- Letters can be mailed to:

College of Arts and Sciences
Office of Academic Assistance
ATTN: Premedical Faculty Advisory Committee
P.O. Box 4100
Atlanta, GA 30302-4100

GSU Faculty: Rating Section

The Premedical Faculty Advisory Committee is encouraged to use a rating system in the premedical composite letter. We would be pleased if you would help us by completing the following section. This portion of the recommendation will **not** be sent to the professional school(s). It will be used only to assist the Premedical Faculty Advisory Committee in its rating.

Student's Name: _____

Course/s: _____

Ranks _____ out of _____ students. Ranks among the top _____ % of all students taught.

Please rate how well this applicant demonstrates the characteristics described in the table below by checking the numbered box according to the scale below.

5 = Outstanding; 4 = Excellent; 3 = Very Good; 2 = Good; 1 = Average; 0 = Unacceptable; N/O = Not Observed

CHARACTERISTICS	5	4	3	2	1	0	N/O
JUDGEMENT: Can analyze problems, makes reasonable decisions							
INTELLECT: Can learn, reason, think abstractly; has capability for knowledge and understanding							
MATURITY: Understands self, able to cope with life situations							
SELF-CONFIDENCE: Trusts own judgement, feelings and abilities							
EMPATHY: Understands thoughts, feelings and motivations of others							
INTEGRITY: Adheres to a strong code of ethics and system of values							
RELIABILITY: Can be depended upon, trusted							
RESPONSIBILITY: Can act without reliance on a superior authority							
INITIATIVE: Able to begin something and follow through with it independently							
PERSONALITY: Demonstrates traits which are socially appealing							
LEADERSHIP: Able to exert influence on and guide actions of others							
ORAL COMMUNICATION: Expresses thoughts and ideas clearly; uses language correctly							
WRITTEN COMMUNICATION: Expresses thoughts and ideas clearly; uses language correctly							
MOTIVATION FOR HEALTH CARE: Has a genuine and deep commitment to profession							
OVERALL SUITABILITY TO BE MY PHYSICIAN: Makes me feel confident that I would get the best health care possible for my family.							

 Evaluator's Signature

 Date