

REQUEST FOR EVALUATION

_____ has requested that you submit an evaluation of his/her qualifications for _____ school to our committee. Please use the form below to help you in your evaluation of this student. If possible, please complete this form in MSWord format and email it to dayton@rowan.edu. Alternatively, please mail a copy to:

Catherine B. Dayton, Ph.D.
 Department of Biological Sciences
 Rowan University
 201 Mullica Hill Road
 Glassboro, NJ 08028

office: 856.256.4500 x3589
dayton@rowan.edu

When composing our recommendation we will use your commentary either as paraphrases or direct quotations as part of a larger letter. However, some medical schools would like to see the individual recommendations sent to the committee. Do we have your permission to forward your entire document as part of our recommendation packet?

Yes No

If you have any questions my office number is: 856-256-4500 x3589.

We have provided a list of example terms that are significant to medical school admissions committees. Feel free to use these descriptions as a starting point, but do not feel limited only to the suggestions. If you are able to do so, please detail specific examples of the student's work and capabilities when relevant.

Dedicated	Articulate	Conscientious	Mature
Intelligent	Amiable	Motivated	Bi/Multi-lingual
Sensitive	Detail-oriented	Leader/Leadership	World Experience
Creative	Thoughtful	Team Player	Well Rounded
Generous	Mature	Innovative	Charismatic
Responds well to criticism		Open-minded	Other _____

Strength	Specific Example

Do you feel that this student has displayed the responsibility you would hope to see in a caregiver?

If you feel that this student has experienced obstacles in his/her education, please provide that information. Especially useful is an account of how this student was able (or unable) to respond to the difficulties.

Many medical schools want a ranking of the student compared to others in his/her year, or compared to others you have taught in general. If you feel that you can provide some kind of rank (top ten percent, 5th of 30, for example) please do so.

Some medical schools ask evaluators to provide some indication of the student's hygiene or appearance. If you wish to provide commentary on this, please do so.

Can you provide any further insight into this student's personality, personal history, or scholastic experience that will contribute to his/her success as a physician?

Please indicate your overall assessment of this student:				
Superior	Excellent	Good	Average	Below Average

Name (please type or print):

First, Last: _____

Title / Department:

Thank you for taking the time to submit this evaluation to our committee. Please feel free to contact us with any questions or concerns that you might have.

Sincerely,



Catherine Dayton, Ph.D.
Health professions Advisor
Department of Biological Sciences
Rowan University