



# 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: _____

\* If the waiver signature line is not completed, it is assumed that the applicant has not waived his/her right of access to the letter.

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:** \_\_\_\_\_