

TMDSAS EVALUATION FORM

* Do NOT use this form if applying to Vet school*

To be completed by the applicant:

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

College Currently Attending: _____

Applying for: Medical Dental Entering Class of: _____

Applicant must sign ONE of the statements below

I waive the right of access to this evaluation form and the accompanying letter of evaluation.
 Sign: _____ Date: _____

I retain the right of access to this evaluation form and the accompanying 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.

To be completed by the evaluator:

A typed personal letter of evaluation on your professional letterhead is required in addition to the evaluation form. Completed evaluations must be sent by the evaluator directly to:

TMDSAS
 702 Colorado, Suite 6.400
 Austin, Texas 78701

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 style="margin-left: 10px;" type="checkbox"/> Current or Former Professor
<input type="checkbox"/>	Graduate Advisor or Major Professor <input style="margin-left: 10px;" type="checkbox"/> Chair, Graduate Department
<input type="checkbox"/>	Immediate Work/Volunteer Supervisor <input style="margin-left: 10px;" type="checkbox"/> Laboratory Supervisor
<input type="checkbox"/>	Business Associate <input style="margin-left: 10px;" 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.