

**TEXAS A&M UNIVERSITY
COLLEGE OF VETERINARY MEDICINE
APPLICANT EVALUATION**

Applicant: Enter your name and other contact information as well as sign statement A or B below before giving this form to an evaluator.

Name of Applicant _____ Telephone _____

TMDSAS Applicant ID# _____ Email: _____

Name of Evaluator: _____ Telephone _____

Evaluator's Title or Occupation _____

Institution, Practice, or Place of Business _____

Evaluator's Address _____

Street City State Zip Code

E-mail _____

TEXAS A&M UNIVERSITY EQUAL OPPORTUNITY STATEMENT

Texas A&M University is an equal access/equal opportunity institution. As such, we do not discriminate on the basis of race, ethnic background, religion, disability, age, gender, or sexual orientation.

TO THE PRE-HEALTH ADVISOR: Texas A&M University, College of Veterinary Medicine and Biomedical Sciences only requires an evaluation to be submitted. Seal the form(s) in an institutional or business envelope and sign across the back seal. If your school has a policy, which forbids you to release sealed evaluations to the applicant, you may mail the evaluation(s) directly to: **TMDSAS: P.O. Box 2175 Austin, TX 78768. Deadline for submission: October 1.**

TO THE EVALUATOR: The above-named applicant has requested that you evaluate him/her as a candidate for the professional curriculum of the College of Veterinary Medicine and Biomedical Sciences at Texas A&M University. The information you provide will be used only in the admissions process. You may be contacted by a member of the admissions committee seeking additional information or verification. The candidate has indicated below whether or not he/she wishes to have access to this evaluation. Please place this completed evaluation in a business envelope; seal, then sign the envelope across the back seal. Please forward the completed evaluation to the Texas Medical and Dental Schools Application Service (see address above) or return the envelope to the applicant to be forwarded. **Deadline for submission: October 1.**

1. How long have you known or observed the applicant? _____

2. In what capacity have you known the applicant? _____

3. In the past five years, I have evaluated approximately _____ candidates for admission to veterinary medical colleges.

TO THE APPLICANT:

Applicants who are admitted have the right, under the family educational rights and privacy act of 1974, to see written evaluations submitted on their behalf, unless they waive the right. Please indicate your choice by signing either statement A or B. The signing of this waiver is voluntary and refusal to do so will not be a factor in considering your application.

A. I hereby waive my right of access to the applicant evaluation provided by the evaluator named above.

Applicant's Signature Date

B. I do not waive my right of access to the applicant evaluation provided by the evaluator named above. He or she should be made aware that I retain my right of access and that the confidentiality of the evaluation is not guaranteed.

Applicant's Signature Date

This waiver is effective insofar as the recommendation is used solely for the purpose of admission. However, because of variation in State laws, this waiver may not be valid in every state nor can the confidentiality of this evaluation be guaranteed in every state.

Applicant's Name _____

Evaluator's Name _____

4. Please indicate your estimation of the candidate in each category by circling the appropriate box. Please read selections from left to right.

Initiative/Originality	<input type="checkbox"/> Needs occasional prodding	<input type="checkbox"/> Does assigned work of own accord	<input type="checkbox"/> Completes suggested extra work	<input type="checkbox"/> Original, independent, imaginative	<input type="checkbox"/> Have not observed
Motivation (for becoming a veterinarian)	<input type="checkbox"/> Is uncertain of career goals	<input type="checkbox"/> Simply wants to be a professional (any type)	<input type="checkbox"/> Dedicated worker	<input type="checkbox"/> Is among the most motivated	<input type="checkbox"/> Have not observed
Intellectual capacity	<input type="checkbox"/> Below average	<input type="checkbox"/> Average	<input type="checkbox"/> Above average	<input type="checkbox"/> Exceptional intellectual capacity	<input type="checkbox"/> Have not observed
Personal and social maturity	<input type="checkbox"/> Below average	<input type="checkbox"/> Average maturity	<input type="checkbox"/> Above average	<input type="checkbox"/> Exceptionally mature	<input type="checkbox"/> Have not observed
Dependability and reliability	<input type="checkbox"/> Doubtful reliability	<input type="checkbox"/> Usually reliable	<input type="checkbox"/> Above average reliability	<input type="checkbox"/> Unquestioned reliability	<input type="checkbox"/> Have not observed
Emotional stability	<input type="checkbox"/> Very excitable	<input type="checkbox"/> Easily upset occasionally	<input type="checkbox"/> Usually stable, poised	<input type="checkbox"/> Stable, well balanced	<input type="checkbox"/> Have not observed
Leadership	<input type="checkbox"/> Satisfied to follow	<input type="checkbox"/> a leader Occasionally	<input type="checkbox"/> Frequently a leader	<input type="checkbox"/> Outstanding leader	<input type="checkbox"/> Have not observed
Character and integrity	<input type="checkbox"/> Untrustworthy	<input type="checkbox"/> Compromises ethics for personal gain	<input type="checkbox"/> No serious flaws in ethics or integrity	<input type="checkbox"/> Absolutely trustworthy, observes high-quality ethics	<input type="checkbox"/> Have not observed
Verbal Skills	<input type="checkbox"/> Below average	<input type="checkbox"/> Moderately articulate	<input type="checkbox"/> Above average	<input type="checkbox"/> Articulate, clear, fluent	<input type="checkbox"/> Have not observed
Acceptance of feedback and instruction	<input type="checkbox"/> Resistant to constructive feedback	<input type="checkbox"/> Sometimes resistant to feedback	<input type="checkbox"/> Accepts feedback	<input type="checkbox"/> Seeks out feedback	<input type="checkbox"/> Have not observed

5. Ability to handle animals (circle one). Please read selections from left to right.

<input type="checkbox"/> Below average	<input type="checkbox"/> Acceptable ability with small animals	<input type="checkbox"/> Acceptable ability with large animals	<input type="checkbox"/> Acceptable ability with small and large animals	<input type="checkbox"/> Have not observed
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6. What do you consider the applicant's major strength(s)?

7. What do you consider the applicant's major weakness (es)?

8. Please tell us how you came to know this candidate.

Applicant's Name _____

Evaluator's Name _____

9. Please describe the activities the candidate performed during this time.

10. Please provide an estimate of the time you spent observing with or interacting with the candidate.

11. Do you think the candidate has the intellectual and personal skills required to succeed at the College of Veterinary Medicine? Please tell us about any specific experiences you had with the candidate which influenced your impression of his or her suitability for this program.

12. Do you think this candidate is truly motivated to pursue a career in veterinary medicine? Please describe any interactions which have influenced your response.

13. If you have any other comments which may help the selections committee, please write them here.

14. Please rate this applicant's overall potential by circling the appropriate box. Please read selections from left to right.

<input type="checkbox"/> Unacceptable	<input type="checkbox"/> Below Average	<input type="checkbox"/> Average	<input type="checkbox"/> Above Average	<input type="checkbox"/> Truly Exceptional
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EVALUATOR'S SIGNATURE _____

Date _____