



Colorado State University
Department of Biomedical Sciences
1680 Campus Delivery
Fort Collins, CO 80523

Biomedical Sciences MS (1 year) Evaluation/Recommendation Form

Applicant

First Name: _____ Middle Initial _____ Last Name: _____

Concentration of Interest (check one): ☐ Human ☐ Animal ☐ Neuro

Please complete the information above before giving this form to your evaluator.

Note: Evaluations should be completed by persons who are able to assess your performance in an academic or work setting. Read the statement below, and if you choose, sign where indicated before giving this form to the evaluator.

The Family Educational Rights and Privacy Act of 1974 entitles student records to be open for students' inspection. The law also permits a student to sign a waiver relinquishing his/her right to inspect letters of evaluation. The applicant's signature below constitutes a waiver signifying that the evaluation will remain CONFIDENTIAL, meaning the student will not have access to the evaluation. No signature means that the applicant will have the right to read this evaluation.

I hereby waive my right of access to this recommendation under the Family Educational Rights and Privacy Act.

Applicant Signature: _____ Date _____

Evaluator:

Please complete the information requested on the entire form. The Admission Committee attaches considerable weight to an evaluator's assessment of an applicant. Therefore, please provide your candid assessment of the applicant's preparation, motivation, and capacity for graduate study and potential for becoming successful in his/her chosen field. *This form is in lieu of a letter; however, if you would like to include a letter, please send it with this completed form. You may mail to the address above or email to bmsgradinformation@colostate.edu*

Evaluator's Name _____ Position/Title _____

Evaluator's Employer _____

Evaluator's contact info: Email _____ Phone _____

Evaluator's Signature _____ Date _____

Knowledge of Applicant

How long have you known the applicant?

____ Years
____ Months

How well do you know the applicant?

☐ Very Well
☐ Moderately well
☐ Slightly

In what capacity do you know this applicant?

☐ Professor/Instructor ☐ Academic Advisor
☐ Employer/Supervisor ☐ Other (specify):
☐ Colleague/Co-Worker

Please rate the applicant compared to his/her peers on the following skills and abilities:

	Excellent/ Outstanding	Above Average	Average	Below Average	Insufficient opportunity to observe
Teamwork	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Time Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problem Solving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity/ Poise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative, Self-Reliance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aptitude for Graduate Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic Integrity/ Ethical Standards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional Comments (optional) :					
<hr/>					
<hr/>					
<hr/>					
<hr/>					

Additional Questions (answer only if applicable):

1. How would you rank this student compared to other students you have taught?

☐

Top 5%

☐

Top 10%

☐

Top 25%

☐

Top 50%

☐

Bottom 25%

☐

Bottom 50%

Comments (optional: e.g. to which group are you comparing this student, etc):

2. What is this student's rank in your class?

3. How well do you think this applicant can handle a high-stress, competitive academic environment?

☐

This student handles stress with poise and thrives in competitive environments.

☐

I have some reservations about how they handle high stress environments.

☐

I don't believe this student handles stress or competition well.

☐

This question is not applicable to my knowledge of this student.

Comments (optional)

4. In what class did you teach this student?

4. In a group setting, what role(s) does this student embody? Please select all that apply.

<input type="checkbox"/> Natural Leader	<input type="checkbox"/> Self-Appointed Leader	<input type="checkbox"/> Delegator	<input type="checkbox"/> Drill Sergeant	<input type="checkbox"/> Complainer
<input type="checkbox"/> Active Member	<input type="checkbox"/> Organizer	<input type="checkbox"/> Non-Active Member	<input type="checkbox"/> Devil's Advocate	<input type="checkbox"/> Slacker
<input type="checkbox"/> Teacher/tutor	<input type="checkbox"/> Visionary	<input type="checkbox"/> Quiet Observer	<input type="checkbox"/> Trouble Maker	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Worker Bee	<input type="checkbox"/> Motivator/ Cheerleader	<input type="checkbox"/> Secretary	<input type="checkbox"/> I have never seen this student in a group setting before	

Additional Comments (optional: e.g. strengths/weaknesses, academic potential, upward trajectory, etc):

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.