



Joint Admission  Medical Program

## APPLICANT LETTER OF EVALUATION FORM

Student 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 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.**

JAMP Faculty Director

University Faculty

Work/Volunteer Supervisor

High School Counselor/Teacher

Extracurricular Coordinator

Mentor

**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 or blocking 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:** \_\_\_\_\_