

COLLEGE FACULTY EVALUATION FORM

Applicant's Name _____

Evaluator's Name _____ Job Title _____

Evaluator's Work Address _____ Phone _____

The Family Education Rights and Privacy Act (The Buckley Amendment) provides that, should the applicant matriculate, he/she will be entitled to inspect all records kept by the MU School of Medicine, including evaluation forms. However, the applicant may waive the right to inspect the evaluation form by signing in the appropriate place on this form.

To be completed by the applicant. Please sign item A or item B.

A. I hereby waive my right to this evaluation should I matriculate at the University of Missouri School of Medicine.

Applicant Signature _____ Date _____

B. I decline to waive my right to this evaluation should I matriculate at the University of Missouri School of Medicine.

Applicant Signature _____ Date _____

I. This individual has applied to the University of Missouri School of Medicine through the MU Bryant Scholars Pre-Admissions Program. The applicant believes you have had significant contact to complete an evaluation of qualities that might relate to future performance as a physician. Your evaluation should be based on a comparison with other pre-professional students you have known.

How long have you known the applicant and in what context?

What are the first words that come to your mind to describe this applicant?

Applicant's name _____

II. Compared to other pre-professional college students, please rate this student in terms of:

	No Basis For Rating	Below Average	Average	Good (Top 25%)	Excellent (Top 10%)	Outstanding (Top 5%)
Intellectual Curiosity						
Extracurricular Accomplishments						
Initiative						
Persistence						
Independence						
Tact and Courtesy						
Adaptability and Cooperation						
Communication Skills						
Self-confidence						
Leadership						
Integrity						
Concern for Others/Altruism						
Respect for Differences						
Warmth of Personality						
Sense of Humor						
Emotional Maturity						
Flexibility						
Reactions to Setbacks/Resilience						
Problem-solving Ability						
Motivation toward Medicine						
Overall Impression as a Future Physician						

Applicant's name _____

III. Please write an appraisal of the applicant's potential for the MU Bryant Scholars Pre-Admissions Program. We are particularly interested in the applicant's character, maturity, independence, values, and any special talent or quality that the applicant possesses specifically related to a career in medicine. A brief narrative will give us added insight into the strengths and weaknesses of the applicant. You may use this page or attach a letter. If you attach a letter of recommendation, please also provide a rating and your signature on this form.

IV. In view of this applicant's strengths and weaknesses, how well do you believe he or she is suited to preparation for a professional career in medicine? (Circle the appropriate word.)

Below Average

Average

Good

Excellent

Outstanding

Evaluator's Signature

Date

Please return completed form to:

University of Missouri School of Medicine
Attn: Bryant Scholars Program
Patient Centered Care Learning Center
1 Hospital Drive DC018.00
Columbia, MO 65212