

**PRE-HEALTH CAREERS COMMITTEE
SOUTHWEST BAPTIST UNIVERSITY**

EVALUATION form TO THE EVALUATOR: I am applying for a place in a professional school and I request that you complete this form. Please return it to the chairman of the SBU Pre-Health Careers Committee. Pursuant to the Family Education and Privacy Act (Buckley Amendment) signed into law on December 31, 1974, I DO/DO NOT waive my right of access to inspect and review this appraisal form.

NAME (Print) _____ S.S. NUMBER _____

SIGNATURE _____ DATE _____

SCHOOL APPLIED TO _____

INSTRUCTIONS: The pre-health student listed above intends to apply to a professional school this year. Your evaluation of this student is requested. Please complete the form below, evaluating the student for the eleven traits listed below on a scale of 1 to 7, 7 highest. As an evaluator, you are requested to score only a student you know well, and, where possible, to compare the student to other students from SBU who have previously been accepted to a professional school (e.g., medical school, dental school, etc.). Copies of this evaluation will be mailed to the admissions personnel of the appropriate professional school(s).

TRAIT	SCORE (1 - 7, 7 highest)
Motivation for Career	
Maturity	
Perseverance	
Intellectual Ability	
Communication Skills	
Work Tactics	
Reliability	
Judgment	
Emotional Stability	
Interpersonal Skills	
Self-confidence	

ADDITIONAL COMMENTS: Please use the space below (or attach additional pages) if you wish to make additional comments about the applicant.

EVALUATOR'S SIGNATURE	
DATE	
EVALUATOR'S NAME (please print or type)	

TITLE	
ADDRESS	
PHONE NUMEBER	
RELATIONSHIP TO STUDENT	
LENGTH OF TIME YOU HAVE KNOWN THE STUDENT	