Faculty Referee Evaluation Form

(This Portion is to be completed by the applicant before the form is given to the referee.)

Applicant’s name:______________________________________________________________ Class: Fr Soph Jr Sr Grad

Applying to: (circle one) Allopathic programs Osteopathic programs MD/PHD programs

Major:_________________________ Minor:_________________________ Grad Yr:______________

You know me from Course Number:___________ Title:_________________________

Qtr Hrs:______________ Term: Fall Winter Spring Year:_______________

I hereby waive any and all right of access to this document that word otherwise be available to me through the FAMILY EDUCATION RIGHTS AND PRIVACY ACT OF 1974, Public Law 20USC1232G, as amended, or similar legislation.

_________________________ ______________________________________________________________________
Date                                           Signature

***Applicant: Complete all the information above before giving this form to the appropriate professor.***

**TO THE EVALUATOR:**

Please score the applicant on the following traits:

<table>
<thead>
<tr>
<th>Trait</th>
<th>Outstanding</th>
<th>Above Average</th>
<th>Average</th>
<th>Below Average</th>
<th>Not able to judge</th>
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<tbody>
<tr>
<td>1. Maturity: a) intellectual</td>
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<td>b) social</td>
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<td>2. Comprehension of course content</td>
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<td>3. Dependability</td>
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<td>4. Professional motivation</td>
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<td>5. Intellectual curiosity</td>
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<td>6. Use of English a) spoken</td>
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<td>b) written</td>
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<td>7. Lab performance a) dexterity</td>
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<td>b) cooperation</td>
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<td>c) orderliness</td>
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SATISFACTORY          QUESTIONABLE       NOT ABLE TO JUDGE

8. Emotional

9. Integrity

Ranking among other students in the class: (please circle)
There were_________________ students enrolled in the class.

____________________________________________________________________________________________________________________________________

Extent of contact with applicant: (Please check all that apply.)

(    ) Close Personal acquaintance

(    ) Frequent office conferences

(    ) Occasional office conferences

(    ) Classroom and/or laboratory

(    ) Consultation with laboratory instructor and/or discussion group leader

____________________________________________________________________________________________________________________________________

Please attach your one-page letter of recommendation printed on University stationery over original signature.

Entrance to professional schools is very competitive. Comments that elaborate upon the candidate’s scholarly and personal traits that separate this individual from his/her peers will be most beneficial. Thank you.

Name (please print)___________________________________________________________________________________

Academic Rank:________________________________________________________________________________________

Date_________________Signature_________________________________________________________________________

Return this completed form and your letter to: The PreProfessional Committee
Department of Biological Sciences – OLIN 102
University of Denver
2190 E. Iliff Ave
Denver, Co 80208-9010

Your remarks will be seen by the members of the local committee and by the admissions committee of the professional school(s) to which the student is applying. The student will not have access to this information either directly or indirectly.

DO NOT RETURN THIS FORM OR YOUR LETTER TO THE APPLICANT