

Evaluation Form for Rhodes/UTHSC Research Program

To be filled out by applicant before emailing to evaluator:

Applicant _____

Faculty Evaluator _____

Applying for ___ summer ___ academic year ___ both (check one)

I Do _____ Do Not _____ waive my rights to have access to the completed evaluation.

Applicant name _____
(electronic signature)

To be filled out by evaluator:

To the evaluator: You have been asked to write an evaluation of the above applicant, who is applying to conduct research in a sponsoring laboratory at the University of Tennessee Health Science Center. Thank you for being willing to contribute to this student's application.

Indicate your answers below based on the following numbers: 0 = disagree strongly, 1 = disagree, 2 = agree, 3 = agree strongly. Leave blank if you cannot form an opinion.

1. The student shows strong potential in scientific research _____
2. The student is highly likely to follow through with the time commitment required of this program _____
3. The student is strongly motivated to succeed in this research program _____

Please rank the student for the following characteristics according to the criteria below:

	Outstanding Upper 5%	Excellent Upper 10%	Above average Upper 25%	Average Upper 50%	Below average Lower 50%	No basis for judgment
Academic ability	_____	_____	_____	_____	_____	_____
Reliability	_____	_____	_____	_____	_____	_____
Capability for independent work	_____	_____	_____	_____	_____	_____
Communication	_____	_____	_____	_____	_____	_____
Maturity	_____	_____	_____	_____	_____	_____

I give this applicant my
 _____ highest recommendation _____ recommendation with no reservations
 _____ recommendation with some reservations _____ I do not recommend this applicant for this program.

Evaluator name _____ Date _____
(electronic signature)

Additional comments are encouraged below.

Please return this form by email at your earliest convenience to Gary Lindqueter, Dept. Biology (glindqueter@rhodes.edu)