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:

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<tr>
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<th>Outstanding Upper 5%</th>
<th>Excellent Upper 10%</th>
<th>Above Average Upper 25%</th>
<th>Average Upper 50%</th>
<th>Below Average Lower 50%</th>
<th>No basis for judgment</th>
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<tbody>
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<td>Academic ability</td>
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<td>independent work</td>
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<td>Maturity</td>
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</table>

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 Lindquester, Dept. Biology

(glindquester@rhodes.edu)