APPLICANT LETTER OF EVALUATION FORM

Section to be completed by applicant

Students Name: _____

University Currently Attending: The University of Texas at Austin

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You must sign *ONE* of the statements below.

I hereby voluntarily waive and relinquish any right of access to this confidential letter of evaluation.

Sign: _____ Date: _____

I retain my right of access to this letter of evaluation.

Sign: _____ Date: _____

JAMP Faculty Director's (JFD), please provide the following information before issuing this form to potential applicants.

JFD's Name: Dr. David Laude
JAMP Program Coordinator: Wendy Pintado
Institution: The University of Texas at Austin

The remainder of this form is to be completed by the evaluator. When completed, the evaluator must send the evaluation **(by October 2nd.)**

Evaluators please scan and submit the completed and signed form electronically from your official email address, to jamp@austin.utexas.edu

Please note: if you are attaching an additional written letter of evaluation to this form, it must be signed and on letter head.

Do Not Return Evaluation To Applicant. This evaluation must be submitted by the JFD.
Please check one of the following to indicate your relationship with the applicant, NOT your title or position.

	JAMP Faculty Director
✓	

This evaluation is being completed by:

Name/Title: _____
School: _____
Address: _____
Phone: _____ Fax: _____ Email: _____

Student's Name: _____

A. Familiarity with applicant (how known, how long, and how well known?):

B. Please rate the above student by circling the number that most nearly represents your opinion of the student relative to her/his level of education.

	Unable to Judge	Poor	Fair	Good	Outstanding
Intellectual ability	0	1	2	3	4
Integrity	0	1	2	3	4
Work habits	0	1	2	3	4
Motivation toward medicine	0	1	2	3	4
Leadership	0	1	2	3	4
Imagination/Creativity	0	1	2	3	4
Initiative	0	1	2	3	4
Ability to work with others	0	1	2	3	4
Maturity	0	1	2	3	4
Ability to communicate (written)	0	1	2	3	4
Ability to communicate (spoken)	0	1	2	3	4

C. Comments

Signature: _____ **Date**: _____