



# CANDIDATE EVALUATION FORM MEDICAL SCHOOL APPLICATION

*If you cannot complete both sides of this form and write a personal narrative letter by June 15, 2015, please return this form to candidate.  
Please TYPE or WRITE using BLACK INK ONLY.*

**CANDIDATE** (please print your name): \_\_\_\_\_

I request that you complete this evaluation form as a part of my medical school application. I understand that your candid evaluation of me and information from school records is sought. *In compliance with Public Law 93-380, I waive my right to review this evaluation.*

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

*Important: If above waiver statement is not signed,  
candidate retains right to review this recommendation.*

The candidate named above has asked that an evaluation from you be included in his/her application file. Please complete both sides of this form **and include your narrative comments typed on your stationery**. The information you provide will help the pre-medical advisors compile a comprehensive evaluation supporting this student's application to medical school. The Pre-Medical Committee will submit photocopies of each written evaluation with the student's pre-medical application. Please respond as quickly as possible.

By June 15<sup>th</sup> please return this completed evaluation form **and personal narrative** to:

**Hamline University Pre-Medical Committee**  
**c/o Natural Science Division, MS-B1807**  
**1536 Hewitt Avenue**  
**St. Paul, MN 55104-1284**

(please print)

**REFERENCE WRITER:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**School or Organization:** \_\_\_\_\_

**Department:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City, State, Zip** \_\_\_\_\_

**THIS SECTION IS TO BE COMPLETED BY REFERENCE WRITER. PLEASE TYPE OR PRINT CLEARLY USING BLACK INK ONLY.**

In what capacity have you been associated with the candidate?

- ☐ Instructing: ☐ Laboratory ☐ Seminar ☐ Independent Study  
☐ Academic Advising ☐ Employment as laboratory assistant ☐ Student organizations ☐ Socially  
☐ Other (please specify) \_\_\_\_\_

How well do you know the candidate? *(If not acquainted, please return the form without completing the items below).*

- ☐ Very Well ☐ Fairly Well ☐ Slightly ☐ Not At All

How long have you known the candidate? \_\_\_\_\_

**OVER PLEASE**

Please indicate with a check (✓) your opinion of this candidate's position on that factor relative to undergraduate seniors.

FACTORS	Outstanding Top 5%	Excellent Top 10%	Very Good Top 15%	Good Top 25%	Fair Top 50%	Poor Lower 50%	No Basis for Judgment
ABILITY TO MASTER INFORMATION: mastery of course content, following instructions.							
ABILITY TO CONCEPTUALIZE AND APPLY KNOWLEDGE: connecting disparate information, synthesizing information from multiple sources.							
CRITICAL THINKING SKILLS: ability to analyze, interpret or evaluate information.							
COMMUNICATION SKILLS: clarity of expression in oral and written forms, active listening skills.							
RESOURCEFULNESS: creativity, originality, skillful management of available resources.							
MOTIVATION FOR MEDICINE: genuineness and depth of commitment.							
MATURITY: personal development, ability to cope with life situations.							
INDEPENDENCE: ability to complete tasks without supervision, ability to manage time.							
EMOTIONAL STABILITY: performance under pressure, mood stability, constancy in ability to relate to others.							
INTERPERSONAL RELATIONS: ability to get along with others, rapport, cooperation, attitudes toward supervision.							
EMPATHY: sensitivity to needs of others, tact, consideration.							
JUDGEMENT: common sense, decisiveness.							
RELIABILITY: dependability, sense of responsibility, promptness, conscientiousness.							
PERSEVERANCE: does not give up easily, does not get discouraged stamina, endurance.							
SELF CONFIDENCE: assuredness, capacity to achieve with awareness of own strengths and weaknesses.							

What would be your attitude toward placing this person in a responsible position <i>under your direction</i> ? Please check (✓) proper box.		What would be your attitude toward entrusting yourself or a member of your family to this person as a physician, after appropriate training? Please check (✓) proper box.	
<input type="checkbox"/>	I would definitely choose this particular person above others.	<input type="checkbox"/>	I would definitely choose this particular person above others.
<input type="checkbox"/>	I would choose this person as one of a group of many good prospects.	<input type="checkbox"/>	I would choose this person as one of a group of many good prospects.
<input type="checkbox"/>	I would be satisfied with this person.	<input type="checkbox"/>	I would be satisfied with this person.
<input type="checkbox"/>	I would prefer not to have, but would accept, this person.	<input type="checkbox"/>	I would prefer not to have, but would accept, this person.
<input type="checkbox"/>	I would prefer not to have this person.	<input type="checkbox"/>	I would prefer not to have this person.
<input type="checkbox"/>	I have insufficient information to decide on this.	<input type="checkbox"/>	I have insufficient information to decide on this.

Please circle your overall evaluation of the candidate for medical school.

Top 5%

Top 50%

Top 10%

Lower 50%

Top 15%

No Basis for Judgment

Top 25%

## **PRE-MEDICAL NARRATIVE GUIDELINES**

### **for candidate references**

Please attach a personal narrative about this candidate on your own stationery (typed and dated, with your name typed as well as your signature).

The Association of American Medical Colleges suggests the following areas as important to admissions committees. Please consider this candidate in comparison with other medical school applicants you have known.

#### ***Personal Attributes:***

Please emphasize assets and liabilities, particularly those qualities which would indicate special promise or potential problems for medical education or practice. Your description of the candidate's actions in particular situations will help to clarify your appraisal.

#### ***Academic Achievement:***

Since transcripts are available, comments should amplify the information on the candidate's academic record including the following:

- Academic achievement relative to other pre-medical students; e.g., class standing.
- Consistency of performance.
- Extenuating circumstances which might account for a typical grade(s) or course load(s).
- Degree of rigor of class(s) – introductory vs. upper level, honor section(s), etc.

#### ***Employment, extra-curricular or vocational activities:***

Since this information is given on the application, mention only if you can elaborate meaningfully on them. Any activities which indicate motivation for medicine or concern for others are of special interest. If involvement was extensive, what was the effect on academic achievement?

#### ***Honors received, academic or non-academic:***

Specify the competition or degree of selectivity of such awards, e.g., how many were awarded in what student population.