

WOFFORD COLLEGE PREPROFESSIONAL EVALUATION FOR THE MEDICAL SCIENCES

NAME: _____

SS# _____

MAJOR: _____

EXPECTED GRADUATION: _____

Evaluation Waiver Option

The Family Educational Rights and Privacy Act of 1974 opens many student records for the student's inspection. The law also permits the student to sign a waiver relinquishing his or her right to inspect letters of recommendation or evaluations. We suggest the student sign the waiver, so that the reader may be confident that the evaluation is totally candid, and will give it more weight.

The student's signature below indicates that he/she has voluntarily waived his or her right of access to this evaluation and attached letters of recommendation. No signature means the student will have the right to read these documents.

Student Signature: _____ Date: _____

GPA: _____ as of _____ Biology department rank (bio majors only)*: _____ / _____

ACS General chem exam (National %ile): _____ ACS Organic chem exam (National %ile): _____

RATING, relative to other college science majors	OUTSTANDING (Top 10%)	VERY GOOD (Top 25%)	ABOVE AVERAGE (Top 50%)	BELOW AVERAGE (Lower 50%)	POOR (Lower 25%)	NO BASIS for judgement
INTELLECTUAL ABILITY: Bright, intellectually curious.						
INITIATIVE: Originality, willingness to explore new ideas						
COMMUNICATION SKILLS ORAL						
COMMUNICATION SKILLS WRITTEN						
EMOTIONAL STABILITY: Self-control, reaction toward criticism						
JUDGEMENT Approaches problems logically; deliberation						
EMPATHY: Concerned about problems of others; compassion and desire to serve others						
MOTIVATION: Interest, enthusiasm, commitment						
PERSONALITY: Considerate, courteous, tactful, imaginative, creative; self confident.						
INTERPERSONAL SKILLS: Ability to work with others						

OVERALL EVALUATION FOR ADMISSION INTO GRADUATE/PROFESSIONAL SCHOOL:

Recommend enthusiastically	Recommend with confidence	Recommend	Recommend with reservation	Not recommended

What would be your attitude toward having this student in a responsible position under your direction:

_____ A. Definitely would want him/her _____ C. Would prefer not to have him/her

_____ B. Would be satisfied to have him/her _____ D. Definitely would not want him/her

Signature, Chairman of the Health Careers Advisors Committee: _____

*Rank is based upon GPA in biology courses, and a departmental comprehensive exam.