

University of Louisiana - Monroe

Pre-Professional Health Advisory Committee

Faculty Evaluation of Student

Name of Applicant _____

The above named student is in the process of applying to a professional program. The applicant has asked to be interviewed by the University's Pre-Professional Health Advisory Committee. The information you provide will be used only in the admissions/evaluation process. Please complete and return this form to Dr. Debra Jackson or Dr. Allison Wiedemeier in the Biology Department as soon as possible. You may be contacted by a member of the Pre-Professional Health Advisory Committee seeking additional information or verification. ***The undersigned student hereby waives his/her right of access to this information.***

Signature of Applicant _____

Name of Evaluator _____

Please indicate your estimation of this applicant by circling the appropriate description in the table below and answering the questions on the back. Thank you for your assistance in this process.

Intellectual Ability	Below Average	Average	Above Average	Exceptional	Not Observed
Motivation	Seems Uncertain	Seems Certain	Highly Motivated		Not Observed
Initiative	Needs Occasional Prodding	Does All Assigned Work	Does Suggested Extra Work	Seeks Out Learning Opportunities	Not Observed
Personal and Social Maturity	Below Average	Average	Above Average	Exceptional Maturity	Not Observed
Emotional Maturity	Very Excitable	Easily Upset	Usually Stable	Stable, well-balanced	Not Observed
Dependability Reliability	Doubtful Reliability	Usually Reliable	Above Average Reliability	Unquestioned Reliability	Not Observed
Leadership	Satisfied to Follow	Occasionally a Leader	Frequently a Leader	Outstanding Leader	Not Observed
Character/ Integrity	Untrustworthy	Occasional Lapses	No Serious Flaws	Absolutely Trustworthy	Not Observed
Verbal Skills	Below Average	Average	Above Average	Very Articulate	Not Observed

**University of Louisiana - Monroe
Pre-Professional Health Advisory Committee
Faculty Evaluation of Student**

How long and in what capacity have you known or observed this student?

What do you consider to be the applicant's major strength(s)?

What do you consider to be the applicant's major weakness(es)?

Please rate the applicant's overall potential for successfully completing a professional school program by circling the appropriate description below.

Below Average	Average	Above Average	Well Above Average	Truly Outstanding (Top 5 %)
---------------	---------	---------------	--------------------	-----------------------------

Additional Comments:

Thank you for helping us to evaluate this applicant. Please sign below and return this form to Dr. Debra Jackson or Dr. Allison Wiedemeier (300 or 301 CNSB).

Signature of Evaluator

Date