

# MILLSAPS COLLEGE

1701 North State Street · Jackson, MS 39210

## Pre-Medical/Pre-Dental or Health Field Evaluation

Faculty Evaluation of (please PRINT): \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_  
(by signing this form I waive my rights to view this recommendation letter)

Faculty Evaluation done by (please PRINT): \_\_\_\_\_

Length of time which you have known this student: \_\_\_\_\_

Name of courses which you have taught this student: \_\_\_\_\_

### EXPLANATION OF RATINGS FOR THE FOLLOWING EVALUATION:

1. This student would be in the top 1% of a large group of students
2. Top 10%; extremely capable
3. Indicates above average ability
4. Indicates that the student is capable with some limitations
5. Indicates that the student has considerable limitations

Evaluation Category:	1	2	3	4	5	No opportunity to observe
Motivation for Medical/Dental School						
Ease of Comprehension						
Originality						
Ability to interpret results						
Ability in written expression						
Ability in oral expression						
Work habits						
Personality						
Emotional stability						
Sense of responsibility						
Cooperative attitude						
Lab ability and manual dexterity						

Remarks or attach a letter:

### OVERALL RECOMMENDATION:

\_\_\_Enthusiastic \_\_\_With Confidence \_\_\_Recommend \_\_\_With Reservation \_\_\_Not Recommend

Date: \_\_\_\_\_ Signature/Title: \_\_\_\_\_

**Please Return to Dr. A. Kurt Thaw**