

# Academic Evaluation

## UNF Office of PreMedical Professions

**Section 1** *To be completed by the student.*

Student being evaluated: \_\_\_\_\_ UNF n# \_\_\_\_\_

Intended Profession: (check one)

<input type="checkbox"/> medicine	<input type="checkbox"/> optometry
<input type="checkbox"/> dentistry	<input type="checkbox"/> podiatry
<input type="checkbox"/> veterinary medicine	<input type="checkbox"/> pharmacy

You have the right as a student to review this evaluation. Some persons prefer not to complete recommendation forms however, unless they can be assured of the confidentiality of their comments. Therefore, the UNF Office of PreMedical Professions is affording you the opportunity to waive your right of subsequent access to this evaluation.

I do  I do not  waive my right of subsequent access to this evaluation form.

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

**Section 2** *To be completed by the mentor.*

Name/Degree: \_\_\_\_\_  
Title/Office: \_\_\_\_\_

Institution from which degree was received / year: \_\_\_\_\_

How often did you meet with the applicant? (e.g., weekly, monthly, during his/her breaks from class, etc) \_\_\_\_\_

About how many total hours was s/he with you or your staff? \_\_\_\_\_  
Over what period? \_\_\_\_\_

What did s/he experience? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please rate the student with others of the same age and academic level:

	Lower Third	Middle Third	Upper Third	Top 10%	Top 5%	Not able to judge
<b>Personal Characteristics</b>						
Motivation						<input type="checkbox"/>
Perseverance						<input type="checkbox"/>
Initiative						<input type="checkbox"/>
Maturity						<input type="checkbox"/>
Reliability						<input type="checkbox"/>
Emotional stability						<input type="checkbox"/>
Resourcefulness						<input type="checkbox"/>
Self-confidence						<input type="checkbox"/>
Common sense						<input type="checkbox"/>
<b>Intellectual Abilities</b>						
Native intellectual ability						<input type="checkbox"/>
Competence in chosen field						<input type="checkbox"/>
Creativity						<input type="checkbox"/>
<b>Humanistic Qualities</b>						
Empathy						<input type="checkbox"/>
Integrity						<input type="checkbox"/>
Respect for others						<input type="checkbox"/>
<b>Teamworking Skills</b>						
Interpersonal relations						<input type="checkbox"/>
Communication skills						<input type="checkbox"/>
Leadership or potential						<input type="checkbox"/>

\* Please turn to the back of this form \*

How successful do you think this person will be in professional school?

- Very successful
- Successful
- Successful with a struggle
- Unsuccessful

How successful do you think this person will be as a professional?

- Very successful
- Successful
- Successful with a struggle
- Unsuccessful

Additional comments (or attach letter)

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**How does this student compare with earlier students you know who attended a medical professional school?**

- superior
- equal
- compares unfavorably
- don't know

**Overall, I give this student my**

- highest possible recommendation (top 1%)
- recommendation with complete confidence (top 3%)
- recommendation without reservation (top 5%)
- recommendation (top 10%)
- recommendation with slight reservation: \_\_\_\_\_
- recommendation with reservation: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please return this completed form to:**

Dr. Michael Lentz, Office of PreMedical Professions  
Department of Biology  
University of North Florida  
1 UNF Drive  
Jacksonville, Florida 32224