# Academic Evaluation

# UNF Biomedical Advising

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

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

Intended Profession: ⬜ medicine ⬜ optometry ⬜ veterinary medicine

(check one) ⬜ dentistry ⬜ podiatry ⬜ 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*

Federal law prohibits release of grade information by faculty to any third party without permission from the student. Some evaluators prefer to use this information in their evaluation. Therefore, the UNF Office of PreMedical Professions is affording you the opportunity to permit the evaluator to comment on grades earned in a course taught by the evaluator.

**I do** ⬜ **I do not** ⬜ permit the evaluator to disclose grade information.

*Signature Date*

List the titles and semesters of any courses you completed that were taught by the person evaluating you in Section 2 below:

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

Name/Degree: Title:

How long have you known the student and in what capacity

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 |
| **Personal Characteristics** |  |  |  |  |  |  |
| Motivation |  |  |  |  |  | ⬜ |
| Perseverance |  |  |  |  |  | ⬜ |
| Initiative |  |  |  |  |  | ⬜ |
| Maturity |  |  |  |  |  | ⬜ |
| Reliability |  |  |  |  |  | ⬜ |
| Emotional stability |  |  |  |  |  | ⬜ |
| Resourcefulness |  |  |  |  |  | ⬜ |
| Self-confidence |  |  |  |  |  | ⬜ |
| Common sense |  |  |  |  |  | ⬜ |
| **Intellectual Abilities** |  |  |  |  |  |  |
| Native intellectual ability |  |  |  |  |  | ⬜ |
| Competence in chosen field |  |  |  |  |  | ⬜ |
| Creativity |  |  |  |  |  | ⬜ |
| **Humanistic Qualities** |  |  |  |  |  |  |
| Empathy |  |  |  |  |  | ⬜ |
| Integrity |  |  |  |  |  | ⬜ |
| Respect for others |  |  |  |  |  | ⬜ |
| **Teamworking Skills** |  |  |  |  |  |  |
| Interpersonal relations |  |  |  |  |  | ⬜ |
| Communication skills |  |  |  |  |  | ⬜ |
| Leadership or potential |  |  |  |  |  | ⬜ |

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

Please address here any academic or personal attributes this student has that you think relevant for a career in the medical profession chosen by the student (or attach a signed letter, preferably on letterhead).

**How does this student compare**

**with earlier students you know Overall, I give this student my**

**who attended a medical**

**professional school?** ⬜ highest possible recommendation (top 1%)

⬜ recommendation with complete confidence (top 3%)

⬜ superior ⬜ recommendation without reservation (top 5%)

⬜ equal ⬜ recommendation (top 10%)

⬜ compares unfavorably ⬜ recommendation with slight reservation:

⬜ don't know

⬜ recommendation with reservation:

Signature Date

**Please return this completed form to:** Elizabeth Stotz-Potter, Ph.D.,

Biomedical Advisor Department of Biology

University of North Florida

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Jacksonville, Florida 32224