# Academic Evaluation

# UNF Biomedical Advising

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

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

Intended Profession: ⬜ medicine ⬜ optometry

(check one) ⬜ dentistry ⬜ podiatry

⬜ veterinary medicine ⬜ 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 |
| **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 \*

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 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