

# Summer Scholars Premedical Program

## Confidential Evaluation



**OHIO**  
UNIVERSITY

College of Osteopathic Medicine

Admissions Office  
102 Grosvenor Hall  
Athens, OH 45701

Phone 800-345-1560  
Fax 740-593-2256

### Objectives of the Summer Scholars Program

This summer the Ohio University College of Osteopathic Medicine will offer a rigorous premedical education program. This program involves 6 weeks of intensive study in the functional and morphological principles of basic medical sciences, designed to enhance the preparation of students from multicultural and/or economically or educationally disadvantaged backgrounds for admission to medical school. The program will better prepare the participants to complete or enhance their undergraduate premedical education and thereby become more competitive in applying to medical school.

You may also attach to this form a more elaborate narrative on your school letterhead if you would like to share additional information and insight about the applicant.

Please return to the address above. In order to help complete the applicant's file, please return this evaluation promptly. **The deadline is March 1.**

### Waiver (to be completed by the applicant)

I hereby waive my right of access to any and all confidential recommendations respecting my (1) admission to any educational agency or institution, (2) application for employment and (3) receipt of any honor or honorary recognition, which are part of my education records at Ohio University.

I understand that, upon request, I will be notified of the names of all persons making confidential recommendations, and that such recommendations will be used solely for the purpose for which they were specifically intended.

I further understand that this waiver may not be required for admission to, receipt of financial aid from or receipt of any other services or benefits from Ohio University.

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_

### Recommendation and evaluation (to be completed by evaluator)

Candidate name \_\_\_\_\_  
*Last First Middle*

### Please state the nature, duration and extent of your association with the candidate.

A \_\_\_\_\_ Classroom: Lecture  Lab

B \_\_\_\_\_ Course Title(s) and Number(s) \_\_\_\_\_

C \_\_\_\_\_ Socially

D \_\_\_\_\_ Academic Advising

E \_\_\_\_\_ Employment (*explain*) \_\_\_\_\_

F \_\_\_\_\_ Other (*explain*) \_\_\_\_\_

**Assuming successful completion of training, what would be your attitude toward having this candidate as your family physician?**

- \_\_\_\_\_ Would want him/her
- \_\_\_\_\_ Prefer not to have him/her
- \_\_\_\_\_ Unable to estimate

**Please appraise the candidate in terms of the characteristics below, using the following scale:**

1=Excellent    2=Good    3=Average    4=Poor    0=Insufficient knowledge

- \_\_\_\_\_ Native intellectual ability (keenness, originality, capacity)
- \_\_\_\_\_ Industry (promptness, application, perseverance, reliability)
- \_\_\_\_\_ Initiative (imagination, independence, resourcefulness)
- \_\_\_\_\_ Competence in the classroom
- \_\_\_\_\_ Competence in the laboratory
- \_\_\_\_\_ Character (responsibility, habits, ethics)
- \_\_\_\_\_ Integrity (honest, ethical)
- \_\_\_\_\_ Emotional stability and/or maturity
- \_\_\_\_\_ Personality (strength, leadership, sense of humor)
- \_\_\_\_\_ Attitude toward associates
- \_\_\_\_\_ Oral expression
- \_\_\_\_\_ Written expression
- \_\_\_\_\_ Personal appearance (neatness, cleanliness, grooming)

**Please explain any 1 or 4 rating(s) above and comment on any characteristic(s) you feel require(s) elaboration.**

**Please assess the candidate's motivation for participating in the Summer Scholars Program.**

**Overall evaluation of the candidate:**

- \_\_\_\_\_ Recommend outstanding    \_\_\_\_\_ Recommend highly    \_\_\_\_\_ Recommend
- \_\_\_\_\_ Recommend with reservation    \_\_\_\_\_ Doubtful    \_\_\_\_\_ Do not recommend

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

Name and Title (please print) \_\_\_\_\_

Department/Institution \_\_\_\_\_

Address \_\_\_\_\_  
*Street City State and Zip*

Area code and telephone number \_\_\_\_\_

**Please return to the OU-COM Admissions Office by March 1.**