

Summer Scholars Premedical Program Confidential Evaluation



**Heritage
College of
Osteopathic
Medicine**

Admissions Office
102 Grosvenor Hall
1 Ohio University
Athens, OH 45701

Phone 800-345-1560
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Objectives of the Summer Scholars Program

Each summer the Ohio University Heritage 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.

Evaluation Instructions

This form must be completed by two (2) natural science (physics, chemistry, biology) faculty members who have taught the applicant in a lecture or lab. 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)

Applicant name _____
Last First Middle

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

A _____ Classroom: Lecture Lab
Course Title(s) and Number(s) _____

B _____ Academic Advising

C _____ Other (*explain*) _____

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)

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 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, or how you feel the candidate may benefit from the 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-HCOM Admissions Office by March 1.