

Evaluation for Ithaca College

Premedical Sciences Advisory Committee

Please return the completed evaluation to Andrew Smith, CNS 155

Student _____ Instructor _____

Course _____ Spring or Fall (Year) _____
(department) (course #) (title)

This is a student interested in one of the premedical sciences careers (i.e. dentistry, medicine, podiatry, optometry or veterinary medicine). We appreciate your assistance in evaluation of this student. Your comments are extremely helpful and are often paraphrased in the letters of recommendation the committee submits to the medical school. Please indicate below your evaluation of this student's performance in class and your knowledge of the student as a person. Consider in your evaluation **motivation, integrity, participation in the course and intellectual ability, rapport with others, and acceptance of responsibility**. Is there anything about the student that would make them stand out in a group of medical school applicants? Would this person be the type of person you would want for your personal physician? (If extra space is needed, please continue on the back).

In compliance with Public Law 93-380

____ I waive my right to view this evaluation

Instructor's Signature _____

____ I do not waive my right to view this evaluation

Date _____

Student's Signature _____

Date _____