

Student Evaluation and Recommendation

MEDPREP Student Progress Committee

Name

The individual named above is **CURRENTLY** a student in the MEDPREP Program at Southern Illinois University. He/she is **applying to professional school** this year. The MEDPREP Student Progress Committee will review your evaluation and it will be quoted in its entirety as part of the Committee's letter of recommendation packet.

The following characteristics represent important qualities possessed by professional school candidates and may prove useful in your assessment:

Intellectual ability	Problem solving ability	Industry and persistence
Judgment and common sense	Communication skills	Time utilization skills
Ability to deal with failure	Independence	Integrity
Sensitivity to needs of others	Dependability and reliability	Ability to perform under stress
Emotional stability and maturity	Leadership	Willingness to seek help
Motivation for career in medicine or dentistry	Willingness to accept responsibility for one's learning	

Part A: Please attach your letter of recommendation for the applicant to this form.

Part B: Recommendation (please check one of the following):

_____ **Recommend With Enthusiasm**

_____ **Recommend With Confidence**

_____ **Recommend**

_____ **Recommend With Reservations (specifically related to student traits):**

Indicate Reservation(s)

_____ **Not Recommend**

_____ **Insufficient contact to commit to one of the above recommendations.**

The MEDPREP faculty believes that a full and open disclosure of information to students is crucial to their academic and career planning. MEDPREP maintains the policy of revealing evaluations and recommendations to students prior to their submission to medical or dental schools.

Please return this evaluation and your recommendation to:

Chairman, Student Progress Committee
MEDPREP-SIU School of Medicine
Mailcode 4323
Carbondale Illinois 62901

Telephone 618/536-6671
Fax 618/453-1919
E-mail medprep@siumed.edu
www.siumed.edu/medprep

Signature

Date

Title/Department

Address

City

State

ZIP Code

Telephone

E-mail