## Student Evaluation and Recommendation

## **MEDPREP Student Progress Committee**

MEDPREP Student's Name

The above-named MEDPREP student 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 recommendation letter packet.

The following characteristics represent your assessment:	important qualities possessed by profession	nal school candidates and may prove useful in
Intellectual ability	Problem solving ability	Industry and persistence
Judgment and common sense	Communication skills	Time utilization skills

Independence

Ability to deal with failure
Sensitivity to needs of others
Emotional stability and maturity

Motivation for career in medicine or dentistry

Dependability and reliability Leadership Willingness to accept responsibility for one's learning Time utilization skills
Integrity
Ability to perform under stress
Willingness to seek help

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 form and your recommendation letter to: Signature Email: epoat29@siumed.edu Date -OR-Title/Department U.S. Mail: Chair, Student Progress Committee MEDPREP-SIU School of Medicine Address Mailcode 4323 Carbondale Illinois 62901 City ZIP Code State

Telephone

E-mail

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