

Student Evaluation Form

Davidson College

Premedical/Prehealth Advisory Committee

Student Request for Evaluation (Text boxes will expand as you type.)

Evaluator: _____ **Date:** _____

I request that you complete this recommendation for the Premedical/Prehealth Advisory Committee (PAC) and send it to Dr. Naila M. Mamoon at the address below. I waive do not waive my right to see this recommendation.

Student Name (Print)

Student Signature (May be typed)

Information to the Evaluator from the Premedical and Allied Health Professions Program Director:

The Premedical/Prehealth Advisory Committee (PAC) evaluates students using the following procedure:

Application Process - The student 1) completes the PAC Student Profile, which includes biographical data, community service, patient care experience, work experience, etc., 2) provides a personal statement expressing their interest in a career in medicine/dentistry and 3) identifies four evaluators to provide a letter of recommendation/evaluation.

Evaluation Process - The student is evaluated on academic ability, commitment to medicine/dentistry and development of humane instincts. These qualities are determined in part from the student profile, personal statement, letters of evaluation, transcript, and interview. Students are ranked outstanding, highly recommended, recommended with confidence, and presented for consideration.

The Premedical and Allied Health Professions Director prepares a summary of the PAC evaluation and also appends the check-off form you complete below and the letter you write. Please know that the PAC and the Deans of medical/dental/vet/PA schools highly value your written comments. Your letter should be on official stationery/letterhead, **SIGNED**, and should be **ADDRESSED TO** Naila M Mamoon, Director of Premedicine and Allied Health Professions Program, Assistant Professor of Health and Human Values, Davidson College, Campus Box 7135, Davidson, NC 28035-7135. All letters of evaluation and student evaluation forms are **due by 11:59 p.m. on January 8, 2021**; please email them to ammacintyre@davidson.edu

On behalf of the Premedical/Prehealth Advisory Committee (PAC), I thank you for your help in this important matter.

Naila M. Mamoon, MBBS, Ph.D., Director of Premedicine and Allied Health Professions Program, Assistant Professor of Health and Human Values

<i>Please only check one box</i>	Exceptional Top 5%	Outstanding Top 10%	Very Good Top 25%	Top Half	Lower Half	Unknown
Retention of Factual Information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Handling Abstract Ideas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual Breadth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Critical Thinking & Reasoning Abilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written Expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Work with Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Industry & Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Stability & Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity & Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Resilience & Adaptability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Capacity to Grow from Feedback	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Potential as a Physician /Dentist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Evaluator's Signature (May be typed): _____