**Summer Undergraduate Research Program**

**Texas A&M University, College of Medicine**

Applicant’s name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. How long have you known the applicant? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. In what capacity do you know the applicant? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Please use the scale below to rank how the applicant compares to all students who have taken a course with you:

**1** =76%-100% (unacceptable) **2** =51%-75% (below average)  **3** = 26%-50% (average)

**4** = 11 to 25% (very good) **5** = top 10% (excellent) **N/A** = cannot comment

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **1** | **2** | **3** | **4** | **5** | **N/A** |
| **Academic performance** |  |  |  |  |  |  |
| **Research skills** |  |  |  |  |  |  |
| **Motivation** |  |  |  |  |  |  |
| **Critical thinking**  |  |  |  |  |  |  |
| **Ability to work independently** |  |  |  |  |  |  |
| **Interaction with peers** |  |  |  |  |  |  |
| **Oral communication skills** |  |  |  |  |  |  |
| **Written communication skills** |  |  |  |  |  |  |

1. Recommendation:

|  |  |  |  |
| --- | --- | --- | --- |
|  | **I recommend this candidate without any reservations.** |  | **I recommend this candidate.** |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **I recommend this applicant with reservation.** |  | **I do not recommend this applicant.** |

 **What makes the applicant a good fit for the Summer Research Program?**

 **Please include any additional comments or concerns that you would like to share about the applicant.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

**Printed name Signature Date**

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**Title Email Phone number**

Thank you for completing this evaluation. Please email the completed form to chris.mares@tamusa.edu.