



FACULTY EVALUATION OF HEALTH PROFESSIONS PROGRAM APPLICANT

Student Name:

The student listed above is applying to a health professions program and selected you as an individual who can provide information about his/her personality, character, skills, and ability to succeed in a professional program. Your candid evaluation of the applicant's qualifications is appreciated.

If the applicant has waived his/her right of access (contact our office if you have questions), your recommendation will remain confidential. If the applicant does not either waive right of access or sign the statement above the student will be permitted to review this reference upon request.

Personal and Professional Appraisal

Please rate the student by placing a check along each continuum at a point where it best describes the student.

Characteristics	Exceptional	Above Average	Average	Below Average	Unable to evaluate
Academic Potential					
Leadership					
Sense of Responsibility					
Ability to Work with People					
Ability to Work Independently					
Motivation for a Career in Medicine					
Technical Laboratory Skills					
Ability to Adapt to New Situations					
Reliability					
Oral Communication Skills					
Written Communication Skills					
Problem Solving Ability					
Ability to Retain Information					
Maturity					
Personal Integrity					

Please submit your letter of recommendation to accompany this evaluation. Letters of recommendation must contain a digital or inked signature and must be on personal or professional letterhead. [Visit AAMC Letter Guidelines](#) for more information about what schools are looking for in qualified applicants.

Please e-mail your letter in a word document or pdf to PPAC@ecu.edu

Select an overall recommendation

Highest Recommendation
 Recommend without reservation
 Recommend
 Recommend with reservation
 Do not recommend

Signature:	Date:
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