



## APPLICANT LETTER OF EVALUATION FORM

*Section to be completed by applicant*

**Students Name:** \_\_\_\_\_

**University Currently Attending:** The University of Texas at Austin

**You must sign ONE of the statements below.**

I hereby voluntarily waive and relinquish any right of access to this confidential letter of evaluation.

Sign: \_\_\_\_\_ Date: \_\_\_\_\_

I retain my right of access to this letter of evaluation.

Sign: \_\_\_\_\_ Date: \_\_\_\_\_

JAMP Faculty Director's (JFD), please provide the following information before issuing this form to potential applicants.

**JFD'S Name:** David Vanden Bout, PhD

**JAMP Program Manager:** Shannon Gutheil, M.Ed., LPC

**Institution:** The University of Texas at Austin

**The remainder of this form is to be completed by the evaluator.**

When completed, the evaluator must send the evaluation **(by October 1<sup>st</sup>)** directly to the following address:

The University of Texas at Austin  
Health Professions Office  
JAMP Program Manager  
103 W. 24th Street, Mail Stop A2900  
Austin, TX 78712

If as an evaluator, you prefer to submit the completed and signed form electronically, please scan and send to [jamp@austin.utexas.edu](mailto:jamp@austin.utexas.edu) from your official email address.

***Do Not Return Evaluation To Applicant.*** This evaluation must be submitted by the JFD.

**Please check one of the following to indicate your relationship with the applicant, NOT your title or position.**

<input type="checkbox"/>	JAMP Faculty Director
<input checked="" type="checkbox"/>	University Faculty

**This evaluation is being completed by:**

Name/Title: \_\_\_\_\_

School: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**Student's Name:** \_\_\_\_\_

**A.** Familiarity with applicant (how known, how long, and how well known?):

**B.** Please rate the above student by circling the number that most nearly represents your opinion of the student relative to her/his level of education.

	Unable to Judge	Poor	Fair	Good	Outstanding
Intellectual ability	0	1	2	3	4
Integrity	0	1	2	3	4
Work habits	0	1	2	3	4
Motivation toward medicine	0	1	2	3	4
Leadership	0	1	2	3	4
Imagination/Creativity	0	1	2	3	4
Initiative	0	1	2	3	4
Ability to work with others	0	1	2	3	4
Maturity	0	1	2	3	4
Ability to communicate (written)	0	1	2	3	4
Ability to communicate (spoken)	0	1	2	3	4

**C. Comments**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_