

UNCP and ECU Brody School of Medicine Early Assurance Scholars Program

INSTRUCTOR APPRAISAL FORM

Directions: Please complete by PRINTING or TYPING this form for _____ who has
Name
 applied for admission to the UNCP/BSOM Early Assurance Scholars Program.

Please return completed form to: **NORTH CAROLINA HEALTH CAREERS ACCESS PROGRAM
 AT THE UNIVERSITY OF NORTH CAROLINA AT PEMBROKE**
 Post Office Box 1510 Pembroke, NC 28372
 (910) 521-6673

1. I have known the applicant for a period of _____ in the following capacity _____

2. The applicant ranks academically with other students taught in recent years as follows:
 Top 5% _____ Top 10% _____ Top 25% _____ Average _____ Below Average _____

3. Please rank the applicant on the following traits, relative to other students you have taught.

	Excellent 5	Good 4	Average 3	Fair 2	Poor 1	No Opportunity to Observe	Comments
Intellectual Ability							
Communication Skills							
Emotional Stability							
Study Habits/Skills							
Attendance/Punctuality							
Comprehension							
Accuracy/Attention to Detail							
Maturity/Judgment							
Motivation/Perseverance							
Dependability							
Initiative/Industriousness							
Cooperative Attitude							
Ingenuity							
Leadership/Leadership potential							

4. Major strength of this student as a prospective participant in the UNCP/BSOM Early Assurance Program are _____

5. The ability of the applicant to successfully pursue a graduate or professional health program is perceived as follows:

Excellent_____ Good_____ Average_____ Fair_____ Poor_____ Unsatisfactory_____

6. The applicant as a UNCP/BSOM Early Assurance candidate is:

Recommended with Confidence_____ Recommended_____

Recommended with Reservations_____ Not Recommended_____

NAME OF PERSON COMPLETING THIS FORM (Print or Type)_____

Title_____ Department_____

University_____ Telephone_____

School Address_____

Signature_____ Date_____