

HOFSTRA UNIVERSITY
Pre-Health Professions Advisory Committee

Faculty Appraisal of _____ as a pre-professional student.

To the Faculty Member: _____
Name
Title

Your confidential appraisal of the student named above is requested as part of the University evaluation of his/her qualifications for admission to a graduate program in the health professions. Your appraisal should be made in light of the fact that graduate schools seek well-rounded students whose character, industry, and sincerity of purpose in the choice of a professional career are unquestionable.

The appraisal is in two parts: first is your rating of the student on specific traits and abilities; second is your overall evaluation of the applicant. Please check the appropriate spaces below, and then make specific comments and the recommendation on the other side of this sheet. Return the form in a Confidential envelope by campus mail to the PRE-HEALTH PROFESSIONS ADVISER, Advisement Office, Room 101 Memorial Hall.

1. RATING SCALE

SCHOLASTIC QUALIFICATIONS	Superior	Good	Average	Poor	No Opinion	No Opportunity to Observe
Industry and application						
Participation in class discussions						
Oral expression						
Written expression						
LABORATORY ABILITY						
Efficiency, ability to organize work						
Manual dexterity						
Ability to work with others						
PERSONAL QUALIFICATIONS						
Self-confidence						
Behavior under pressure						
Independence of judgment						
Poise, general appearance						
Reliability, responsibility						
Social maturity and acceptance						

IN ACCORDANCE WITH THE FAMILY RIGHTS OF PRIVACY ACT,
 _____ has waived his/her right of access to this
 evaluation.

(over)

2. How does this applicant compare with other students you have known at Hofstra in recent years?
Please circle one.

- | | | | |
|--------------------------|---------|--------------------------|---------------|
| <input type="checkbox"/> | Top 5% | <input type="checkbox"/> | Average |
| <input type="checkbox"/> | Top 10% | <input type="checkbox"/> | Below Average |
| <input type="checkbox"/> | Top 25% | | |

3. GENERAL COMMENTS.

Please do not leave this section blank. Your overall impression and judgment of the potential of a candidate are highly prized and earnestly sought by the graduate schools. Observations on integrity would be helpful; the basis of any unfavorable comment involving character should be briefly explained. Please be aware that your comments will not be edited, but typed *verbatim*, and included as written in the student's composite packet sent to each professional school. You need not be limited to this space, and are free to write a more extensive letter and attach it to this form.

4. RECOMMENDATION AS A PROSPECTIVE PROFESSIONAL

Please circle one.

- | | | | |
|--------------------------|-------------|--------------------------|--------------|
| <input type="checkbox"/> | Outstanding | <input type="checkbox"/> | Satisfactory |
| <input type="checkbox"/> | Excellent | | |
| <input type="checkbox"/> | Very Good | | |

Date

Name of Appraiser (PLEASE PRINT)

Signature of Appraiser

Title

Department (PLEASE PRINT)