

# Faculty Recommendation Form

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Name of Applicant \_\_\_\_\_

The above-named student is in the process of applying to a pre-health professional program. The applicant has asked to be interviewed by ULM's Pre-Medical Advisory Committee. The information you provide will be used only in the admissions/evaluation process. Please complete and return this form to Dr. Allison Wiedemeier, CNSB 326, in the Biology Department as soon as possible. You may be contacted by a member of the Pre-Professional Health Advisory Committee seeking additional information or verification. By signing below ***the undersigned student hereby waives his/her right of access to this information.***

Signature of Applicant \_\_\_\_\_

Name of Evaluator \_\_\_\_\_

Please indicate your estimation of this applicant by circling the appropriate description in the table below and answering the questions on the back. Thank you for your assistance in this process.

<b>Intellectual Ability</b>	Below Average	Average	Above Average	Exceptional	Not Observed
<b>Motivation</b>	Seems Uncertain	Seems Certain	Highly Motivated		Not Observed
<b>Initiative</b>	Needs Occasional Prodding	Does All Assigned Work	Does Suggested Extra Work	Seeks Out Learning Opportunities	Not Observed
<b>Personal and Social Maturity</b>	Below Average	Average	Above Average	Exceptional Maturity	Not Observed
<b>Emotional Maturity</b>	Very Excitable	Easily Upset	Usually Stable	Stable, well-balanced	Not Observed
<b>Dependability Reliability</b>	Doubtful Reliability	Usually Reliable	Above Average Reliability	Unquestioned Reliability	Not Observed
<b>Leadership</b>	Satisfied to Follow	Occasionally a Leader	Frequently a Leader	Outstanding Leader	Not Observed
<b>Character/ Integrity</b>	Untrustworthy	Occasional Lapses	No Serious Flaws	Absolutely Trustworthy	Not Observed
<b>Verbal Skills</b>	Below Average	Average	Above Average	Very Articulate	Not Observed

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**How long and in what capacity have you known or observed this student?**

**What do you consider to be the applicant's major strength(s)?**

**What do you consider to be the applicant's major weakness(es)?**

**Please indicate the applicant's overall potential for successfully - choose one below. Indicate the group you are using to compare the student's potential.**

**Below Average**

**Average**

**Above Average**

**Well Above Average**

**Truly Outstanding (TOPH 5%)**

**Additional Comments:**

**Thank you for helping us to evaluate this applicant. Please sign below and return this form to Dr. Allison Wiedemeier (326 CNSB).**

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**Signature of Evaluator**

**Date**