



**MISSISSIPPI RURAL PHYSICIANS SCHOLARSHIP PROGRAM
PREMEDICAL FACULTY EVALUATION FORM**

Confidential evaluation of _____ Date: _____

Last four digits of Social Security Number: _____

This student has/has not waived his/her right to examine this appraisal.

I. How long and in what capacity have you known this student? _____

II. The applicant (is, was) in the ____ third of my (1) _____ (2) _____
in a class of (1) _____ (2) _____ students. (course title) (course title)

III. Evaluate the following where 1 = Excellent, 2 = Good, 3 = Average, 4 = Below Average and 5 = Poor

__ Communication skills __ Maturity __ Strive for excellence __ Self-appraisal __ Setting academic priorities
__ Motivation for medicine __ Accountability/reliability __ Respect for others __ Awareness of ethics/values
__ Critical thinking/problem solving __ Altruism/compassion/empathy __ Honesty /integrity

Remarks (Amplify with additional pertinent data):

IV. Does this applicant have the personal characteristics and possess the potential to become your personal physician? Yes ____ No ____

V. Overall recommendation for admission to medical school: Outstanding (Top 1%)
 Highly Recommend (Next 10%)
 Recommend Plus
 Recommend (Can make it)
 Recommend with some concern
 Recommend with reservation
 Do not recommend

Name (print): _____

School: _____

Mailing Address: _____

Signature: _____

Title: _____

Email: _____

Please submit this form by one of the following methods:

1. Submit online as a .pdf file
to Janie Guice
(jguice@acadaff.umsmed.edu)

2. Mail a hard copy to
Mississippi Rural Physicians Scholarship Program
2500 North State Street
Jackson, MS 39216-4505