

Evaluation of Academic Performance

Note to Evaluator

Please complete this form and email, FAX or send via mail directly to the DVM Admissions Office. We follow deadlines <u>closely</u>, so please make sure your evaluation is submitted by June 1st.

For Applicant and Evaluator

Action on this application by the Admissions Committee will be based on an evaluation of the applicant's capacity for intensive professional graduate study and his or her potential for professional success. To encourage the evaluator to provide the college with a candid evaluation, denied applicants will not have access to this evaluation. The comments below will be reviewed only by those involved with admissions.

| Applicant should complete this section Today's Date |
|---|
| Applicant's Full Name |
| Email Address on Your Application |
| Permanent/Home Telephone Number on Your Application |
| Applicant: In accordance with the Family Educational Rights and Privacy Act of 1974, you can waive your right to inspect this evaluation by checking the box below. Should you decide <i>not</i> to waive the right, you will have access to the evaluation only if you enroll in the DVM or Combined DVM/PhD Degree Program at Cornell University. I hereby waive my right of access to this evaluation. |
| Evaluator should complete this section Please type or print and attach additional sheets if necessary. |
| Your (Evaluator's) Full Name |
| Title or Occupation |
| Institution |
| Mailing Address |
| Telephone and Email Address |

| Evaluation |
|--|
| 1. How much contact have you had with the applicant? We have spoken: □Frequently □Occasionally □Rarely The applicant has: □Worked for me □Attended my course(s) |
| 2. In what capacity have you known the applicant? (e.g. regularly assigned advisor, teacher, etc.) |
| 3. Do you have any reason to doubt the applicant's honesty or integrity? No Yes (If yes, explain.) |
| 4. Evaluate the applicant's maturity, self-confidence, poise, conscientiousness, reliability, and leadership abilities. Please give examples. |
| 5. In your opinion, is the applicant's scholastic record an accurate index of his or her academic ability? Yes No Don't know If your answer is "no" please explain briefly. |
| 6. If you had this student in one of your courses, what did the applicant's primary objective in your course seems to be? □understand the subject; □get a good grade; □meet requirements; □get by; □other |
| 7. Discuss the applicant's abilities for teaching or research. |
| 8. Discuss the applicant's ability to study/carry out academic projects independently. |
| 9. What are the applicant's weaknesses? |
| 10. The Admissions Committee is particularly interested in any additional information you may wish to provide regarding the applicant. |
| Of the pre-professional students you have advised, how would you rank this candidate? □top 1/10 □top 1/3 □middle 1/3 □bottom 1/3 □unable to judge |
| Signature Date |

Thank you for taking the time to help the Admissions Committee in evaluating applicants to the College of Veterinary Medicine at Cornell. Your evaluation is an important part of our overall admissions process and we appreciate your assistance and advice.