



Cornell University
College of Veterinary Medicine

Evaluation of Animal/Veterinary/Biomedical Research Related Experience

Note to Evaluator

Please complete this form email, fax or send via mail directly to the DVM Admissions Office. We follow deadlines closely, 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 *not* 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_____

Your Firm or Organization_____

Mailing Address_____

Telephone and Email Address_____

1. What was the applicant's title or position while employed by your firm or organization?

Office of Student & Academic Services, DVM Admissions Office
Cornell University College of Veterinary Medicine, S2 009 Schurman Hall, Ithaca, NY 14853,
(607) 253-3700; Fax (607)253-3709, vet_admissions@cornell.edu

2. What was your supervisory relationship to the applicant? _____

3. In the past five years, I have evaluated approximately _____ candidates for admission to veterinary medical colleges.

4. a.) Please estimate the **total** number of hours the applicant worked with your firm or organization _____

b.) Please estimate the **total** number of hours the applicant worked directly with you _____

5. Rate the applicant from 1-10 on each of the qualities listed below. Compare this applicant to other preveterinary or veterinary students you have known in making your rating:

☐ 1 = bottom 5%;

☐ 7-9 = excellent/next 20%;

☐ 2-3 = fair/next 30%;

☐ 10 = outstanding/top 5%.

☐ 4-6 = satisfactory/next 40%;

Please think of your ratings as an evaluation, not as a recommendation.

() enthusiasm	() dependability	() ability to work independently
() motivation	() use of common sense	() ability to work with fellow employees
() honesty	() ability to handle animals	() effectiveness in dealing with supervisor
() stamina	() sharing ideas	() effectiveness in dealing with the public

6. Please use the space provided below and other pages as needed. Because all people have strengths and weaknesses, we want to hear about all relevant strengths and weaknesses of this applicant. We thank you for taking the time to help us select our next class. Please feel free to attach a separate page.

7. Please check one of the following boxes to indicate the degree of your overall evaluation of the applicant based on his or her performance of duties and responsibilities.

☐ strongly recommend ☐ recommend ☐ recommend with reservations ☐ do not recommend

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.