

The following pages include evaluation forms for the individuals who will submit recommendations on your behalf. You are welcome to submit letters of recommendation in lieu of the evaluation forms. The forms are provided as a resource and are not required.

Candidate Name:

Evaluator Name:

Evaluator Street Address:

Evaluator City, State Zip:

EVALUATOR COMMENTS: (To be completed by the evaluator)

Describe the nature, extent, and duration of your association with the applicant.

Describe the applicant's attributes that would make him/her well suited for a career in the healthcare field.

What unique potential for contribution to medicine does this applicant possess?

Describe any weaknesses of this applicant.

What indication exists that this applicant will be successful in the biomedical sciences?

Do you believe that this applicant is oriented towards rural or small community care?

What traits indicate this applicant's success as an osteopathic physician?

Please give your overall impression of this applicant?

Do you recommend this applicant to VCOM? Why?

When comparing applicants to osteopathic and allopathic medical schools, please rate the applicant on the following characteristics.

Characteristic	Excellent	Above Average	Average	Below Average	Cannot Judge
Initiative					
Study Habits					
Cooperative Spirit					
Intellectual Ability					
Intellectual Curiosity					
Judgment					
Communication Skills					
Maturity					