

# Graduate Training in the Biomedical Sciences Evaluation Form

<i>This section to be completed by the applicant.</i>		WVU Student No. (if applicable)	
Last Name	First Name	Middle Initial	

**Authorization:**       I waive       I do not waive      my right of access to this information.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



*This section to be completed by the evaluator.*

Name		Position/Title		Institution	
Daytime Telephone		E-mail Address			
Current Address	Street	City		State, Zip	Country

**In what capacity do you know the applicant?**

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**What is the rank of this applicant compared to other students you have known?**

	Top 1%	5%	10%	25%	50%	Lower 50%	Don't know
Intellectual ability							
Motivation							
Scholarly independence and innovation							
Written expression							
Verbal expression							
Analytical, mathematical, and scientific skill							
Laboratory skill							
Ability to work with others							
Overall ranking of student							

**Please attach a brief statement describing the applicant's strengths, weaknesses, and potential as a graduate student and a future scientist.**

Please seal this form and your evaluation statement in an envelope from your department and sign across the seal. You may return the envelope to the applicant or forward it directly to the following address:

**Office of Research and Graduate Education  
c/o Claire Noel, Asst. Director, HSC Graduate Programs  
Graduate Admissions Committee  
P.O. Box 9024  
Morgantown, WV 26506-9024**