

## Graduate Training in the Biomedical Sciences Evaluation Form

*This section to be completed by the applicant.*

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?

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 Renee Seitz, Asst. Director, HSC Graduate Programs  
Graduate Admissions Committee  
P.O. Box 9024  
Morgantown, WV 26506-9024**