



West Virginia University School of Medicine

PhD Program in Public Health Sciences

Evaluation Form

This section to be completed by the applicant.

WVU Student No.
(if applicable)

Last Name

First Name/Middle Initial

Birthdate

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 ability							
Mathematical and scientific 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 **Tara Mullins**
Graduate Coordinator
PhD Program in Public Health Sciences
P.O. Box 9190
WVU School of Medicine
Morgantown, WV 26506-9190

tmullins@hsc.wvu.edu