

~Early Assurance Scholars Program~



North Carolina A&T State University - Department of Biology; Attention Dr. C. Dinitra White
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FACULTY APPRAISAL FORM

Directions: Please complete by TYPING and PRINTING this form for (Student's Name) who has applied for admission to the EASP Program. Please return the form to the address above in a sealed envelope.

1. I have known the applicant for a period of in the following capacity:
(Please check one) Math Teacher Science Teacher Other, specify
2. The applicant ranks academically with other students I have taught in recent years as follows:
Top 5% Top 10% Top 25% Average Below Average
3. Please rank the applicant on the following traits, relative to other students you have taught.

CHARACTERISTIC	EXCELLENT 5	GOOD 4	AVERAGE 3	FAIR 2	POOR 1	HAVE NOT OBSERVED NA	COMMENTS
Intellectual Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Communications Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Emotional Stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Study Habits/Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Attendance/Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Comprehension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Accuracy/Attention to Detail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Maturity/Judgement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Motivation/Perseverance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Initiative/Industriousness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cooperative Attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ingenuity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Leadership/Leadership Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

4. Major strengths of this student as a prospective participant in EASP are:
5. The ability of the applicant to successfully pursue an undergraduate premedical program is perceived as follows: Excellent Good Average Fair Poor Unsatisfactory
6. The applicant is: Recommended with Confidence Recommended
Recommended with Reservations Not Recommended

NAME TITLE

ORGANIZATION/GROUP NAME

TELEPHONE NUMBER

PERMANENT ADDRESS, IF DIFFERENT FROM CURRENT ADDRESS:

CITY/STATE/ZIP:

Signature Date