Envirovet Summer Institute 2011 Student Evaluation Form	Send Completed Form to: Director, Envirovet Program Department of Comparative Biosciences College of Veterinary Medicine University of Illinois at Urbana-Champaign 2001 South Lincoln Avenue Urbana, IL 61802 USA rroyer@illinois.edu FAX: 217-244-1652
(Please provide one copy to each of at least the	ree evaluators)
To be completed by the applicant:	
APPLICANT Name:	
Last/Sur Name	First Middle
Name of Evaluator:	
Release of access to this letter of evaluation. the appl before submitting this form to the evaluator. This req (Family Educational Rights and Privacy Act of 1974)	
A. I waive my rights of access to this letter	r of evaluation.
B. I do not waive my rights of access to th	is letter of evaluation.
Signature:	Date:

Statement to the Evaluator

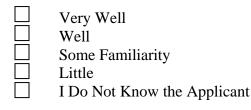
The person named above has applied for admission to Envirovet Summer Institute and has selected you to evaluate him/her. Your candid evaluation of this applicant will be greatly appreciated. This appraisal will be held in confidence in accordance with current laws, provided "A" (above) is checked and signed. If you feel you do not know this person well enough to complete this form, please return it to him/her. Please return the completed evaluation form as soon as possible. Class size is limited and complete applications are considered in the order received.

APPLICATION DEADLINE: 1 March, 2011

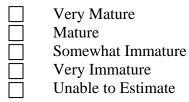
If you would like to know more about the Envirovet Summer Institute, please see our web site at http://www.vetmed.illinois.edu/envirovet/

2. How long have you known the applicant?

3. How well do you know the applicant?



4. How would you evaluate the emotional maturity of the applicant?



5. Have you ever had reason to be concerned about this applicant's integrity?



6. Would you want this person in a position involving major responsibilities under your direction?



Very Much Be satisfied to have him/her

Prefer not to have him/her

Unable to estimate

7. Do you believe this applicant has the necessary intelligence, drive, work ethic, study habits, and overall capacity for successful studies and, ultimately a successful career in wildlife medicine and/or ecosystem health?

Definitely Probably Doubtfully No Unable to estimate

8. Check the response that you believe is most appropriate to describe this applicant's motivation for the study of wildlife medicine and/or ecosystem health.

Strong, independent decision
Average desire and commitment
Questionable commitment
Unusual outside influence
None of these apply; please explain:

On the chart below, circle each numbered item at the point on the scale that best indicates your rating of the listed characteristic for this applicant.

	Outstanding	Satisfactory	Unsatisfactory	Not Observed
9. Initiative and originality: Independent thought, work, and resourcefulness	1	2	3	4
10. Industry: Promptness, application perseverance, energy	1	2	3	4
11. Communication: A. Use of verbal language	1	2	3	4
B. Use of written language	1	2	3	4
12. Intellectual ability: Keenness, originality, capacity	1	2	3	4
13. Dependability: Sense of responsibility	1	2	3	4
14. Leadership	1	2	3	4
15. General impression: Total personality	1	2	3	4

16. Check your overall recommendation for this applicant:



Highly recommendedRecommendedRecommended with reservations

Not recommended

17. On what basis have you made the above ratings and comments? Use the space below to indicate any observations relevant to character or academic promise that should bear on this applicant's admission to the Envirovet Summer Institute.

Please feel free to use add	itional pages or attach a	letter if you wish.	
Please feel free to use add Name (Print or Type):			
Name (Print or Type): Title:			
Name (Print or Type):			
Name (Print or Type): Title: Institution: Street Address:			
Name (Print or Type): Title: Institution:	State:	Zip Code:	
Name (Print or Type): Title: Institution: Street Address: City:	State: Fax	Zip Code:	