

# Summer Undergraduate Research Fellowship Program

## Confidential Evaluation



**OHIO**  
UNIVERSITY

College of Osteopathic Medicine

Admissions Office  
102 Grosvenor Hall  
Athens, OH 45701

Phone 800-345-1560  
Fax 740-593-2256

### Waiver of Right of Access to Confidential Statements

#### Title 45, C.F.R. Part 99 (to be completed by the applicant)

I hereby waive my right of access to any and all confidential recommendations respecting my (1) admission to any educational agency or institution, (2) application for employment and (3) receipt of any honor or honorary recognition, which are part of my education records at Ohio University.

I understand that, upon request, I will be notified of the names of all persons making confidential recommendations, and that such recommendations will be used solely for the purpose for which they were specifically intended.

I further understand that this waiver may not be required for admission to, receipt of financial aid from or receipt of any other services or benefits from Ohio University.

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_

### Candidate

Name \_\_\_\_\_  
*Last First Middle*

#### Please state the nature, duration and extent of your association with the candidate.

A \_\_\_\_\_ Classroom: Lecture  Lab

Course Title(s) and Number(s) \_\_\_\_\_

B \_\_\_\_\_ Socially

C \_\_\_\_\_ Academic Advising

D \_\_\_\_\_ Employment (*explain*) \_\_\_\_\_

E \_\_\_\_\_ Other (*explain*) \_\_\_\_\_

**Please appraise the candidate in terms of the characteristics below, using the following scale:**

1=Excellent    2=Good    3=Average    4=Poor    0=Insufficient knowledge

- \_\_\_\_\_ Native intellectual ability (keenness, originality, capacity)
- \_\_\_\_\_ Industry (promptness, application, perseverance, reliability)
- \_\_\_\_\_ Initiative (imagination, independence, resourcefulness)
- \_\_\_\_\_ Competence in the classroom
- \_\_\_\_\_ Competence in the laboratory
- \_\_\_\_\_ Character (responsibility, habits, ethics)

**Please explain any 1 or 4 rating(s) above and comment on any characteristic(s) you feel require(s) elaboration.**

**Please note any further information that would be helpful in evaluating this applicant.**

**Overall evaluation of the candidate:**

- \_\_\_\_\_ Recommend outstanding                      \_\_\_\_\_ Recommend with reservation
- \_\_\_\_\_ Recommend highly                              \_\_\_\_\_ Doubtful
- \_\_\_\_\_ Recommend    \_\_\_\_\_ Do not recommend

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name and Title (*please print*) \_\_\_\_\_

Department/Institution \_\_\_\_\_

Address \_\_\_\_\_  
*Street City State and Zip*

Area code and telephone number \_\_\_\_\_

**Please return to:**

**Ohio University College of Osteopathic Medicine  
Admissions Office - SURF  
102 Grosvenor Hall  
Athens, Ohio 45701**

*Must be postmarked by March 1, 2009.*

**For information, call toll free 1-800-345-1560**