



Academic Evaluation Form

Dear Instructor/Professor:

I am applying for a nursing scholarship through the Methodist Scholarship Program and your evaluation would greatly assist in the decision making process.

Please respond to the statements and questions below:

Length of time acquainted with the applicant: ___ < 1 year, ___ 1 year, ___ 2 years, ___ 3 years, ___ > 3 years.

Nature of relationship with the applicant: ___ student, ___ other.

Please rate the applicant using a reference group of his/her peers. Mark an X in the appropriate space:

Category	Top 25%	Middle 50%	Bottom 25%
Attendance			
Punctuality			
Participation			
Quality of Written Work			
Ability to Express Ideas			
Ability to Work in a Group			
Leadership Skills			
Performance on Exams			
Overall Ability			

Strengths/assets of this applicant:

Recommendation: ___ Highly Recommend
 ___ Recommend
 ___ Marginally Recommend
 ___ Do Not Recommend

Is there any other information you feel would be important to consider? ___ Yes, ___ No.

If yes:

Printed Name:

Signature:

Date:

Phone Number:

Please complete and return to: MDMCHRTeam@mhd.com.