



Grambling State University Grambling, Louisiana 71245

RESEARCH INITIATIVE FOR SCIENTIFIC ENHANCEMENT (RISE) PROGRAM
A SCIENCE EDUCATION PARTNERSHIP WITH THE NATIONAL INSTITUTE OF GENERAL MEDICAL SCIENCES

..... Campus Box 4211
..... Phone: (318) 274-2348/2446

E-mail: ifeanyif@gram.edu
Fax: (318) 274-3741

*****TEACHER EVALUATION (Rating Form)

I. STUDENT

Fill in your name and address. Give two evaluation forms and two addressed envelopes to two teachers who have taught you science/math subjects. Request them to either send the completed rating forms directly to me or give them back to you in sealed envelopes for inclusion in your application package.

Student Name: _____
Last *First* *Middle*

Address: _____

_____ *City* *State* *Zip*

II. RECOMMENDER

This student is applying to the RISE program at GSU. The program considers high caliber students who are seriously planning on pursuing graduate study (Ph.D. or M.D./Ph.D.) in biomedical sciences.

Your candid evaluation would be very helpful in selecting qualified participants for this program. We are interested in whatever you think is important about the applicant's academic and personal qualifications. Please insert the completed evaluation form in the provided envelope, and sign the back flap of the envelope. You may mail directly to me or give to the student for inclusion in the application package. We are grateful for your assistance.

1. I have known the applicant for a period of _____ in the following capacity _____

2. The applicant ranks academically with other students taught in recent years as follows:
____ Top 5% ____ Top 10% ____ Top 25% ____ Average ____ Below Average

3. Major strengths of this student as a prospective participant in the RISE Program are:

4. Major weaknesses of this student as a prospective participant in the RISE program are:

Funded by National Institutes of Health, Grant # 8F& ; A\$**+%(! \$) 5 %

A Member of the University of Louisiana System
An Equal Opportunity Employer and Facility/Facilities Accessible To The Disabled

5. The applicant in relation to perceived ability to successfully pursue graduate or professional health program (Ph.D. or M.D/ Ph.D.) is rated as follows:

- | | | |
|------------------------------------|--|---|
| <input type="checkbox"/> Excellent | <input type="checkbox"/> Average | <input type="checkbox"/> No Observation |
| <input type="checkbox"/> Very Good | <input type="checkbox"/> Below Average | |
| <input type="checkbox"/> Good | <input type="checkbox"/> Poor | |

6. Please rank the applicant on the following traits, in comparison with other students you have taught.

TRAIT	One of the few encountered in my career	Excellent	Very Good	Good	Average	Below Average	No support to observe
1. Intellectual Ability							
2. Academic Achievement							
3. Ability to communicate							
4. Emotional stability							
5. Disciplined work habits							
6. Attention to details							
7. Sense of Responsibility							
8. Cooperative Attitude							
9. Self confidence							
10. Potential for growth							

7. The applicant is recommended:

- | | |
|---|---|
| <input type="checkbox"/> Enthusiastically | <input type="checkbox"/> Recommended with reservation |
| <input type="checkbox"/> With Confidence | <input type="checkbox"/> Not recommended |
| <input type="checkbox"/> Recommended | <input type="checkbox"/> No basis for recommendation |

Any other comments: _____

8. Name _____ Title _____

Department _____ University _____

Address _____

_____ City _____ State _____ Zip _____

Telephone () _____ Fax () _____

Signature _____ Date _____