University Extracurricular Activities

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Medically Related Activities

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Employment

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Why are you applying to the Still Scholars Program?

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What are your future goals as an osteopathic physician?

________________________________________

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________________________________________

Applicant Signature ___________________________ Date _______________
Evaluation Information
To be completed by student and submitted with application

Evaluation I
College Premedical Advisor or College Science Faculty Member

Name

Title

Address

Street

City

State

Zip Code

Telephone (____) - _________

Evaluation II
College Faculty Member, College Staff Member, or Employer

Name

Title

Address

Street

City

State

Zip Code

Telephone (____) - _________
MASSACHUSETTS COLLEGE OF PHARMACY & HEALTH SCIENCES

Evaluation I
College Premedical Advisor or College Science Faculty Member

Please attach letter on official letterhead. This form can be used as a reference.

I. APPLICANT INFORMATION (to be completed by applicant)

Legal Name of Applicant _______________________________________________________

Social Security Number _______________________________________________________

Permanent Address ___________________________________________________________

I voluntarily waive and relinquish my right of access to this evaluation. I retain my right of access to this evaluation.

Applicant’s Signature __________________________ Date __________________

II. EVALUATOR INFORMATION (to be completed by evaluator)

Name ________________________________________________________________

Rank or Title _____________________________________________________________

Address __________________________________________ City __________ State _____ Zip __________

Telephone __________________________ Evaluator Signature __________________________

III. EVALUATOR COMMENTS (to be completed by evaluator)

State nature, duration, and extent of your association with the applicant ________________________________

Has applicant ever been placed on disciplinary or academic probation? ______ Yes ______ No

Are you familiar with how the applicant reacts in a stressful or crisis situation? ______ Yes ______ No

If yes, explain: ____________________________________________________________________________

What unique strengths and/or potential for contribution to medicine does this applicant possess? ________________

Please describe any weaknesses of this applicant. __________________________________________________________________________
Please give your overall impression of this applicant: ______________________________________

_________________________________________________________________________________

Please check how you would rate this applicant on the following characteristics:

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Do you recommend this applicant to the Still Scholars Program? ___ Yes ___ No ___ Undecided

Why or why not? ________________________________________________________________

_________________________________________________________________________________

Please mail completed evaluation by ________ to:
IV. **APPLICANT INFORMATION** (to be completed by applicant)

Legal Name of Applicant ______________________________________________________________________

Social Security Number _______________________________________________________________________

Permanent Address ___________________________________________________________________________

I voluntarily waive and relinquish my right of access to this evaluation. I retain my right of access to this evaluation.

Applicant’s Signature __________ Date __________

V. **EVALUATOR INFORMATION** (to be completed by evaluator)

Name ______________________________________________________________________________________

Rank or Title ______________________________________________________________________________

Address ____________________________________________________________________________________

City _________ State _____ Zip __________

Telephone __________________________________________________________________________________

Evaluator Signature __________________________________________________________________________

VI. **EVALUATOR COMMENTS** (to be completed by evaluator)

State nature, duration, and extent of your association with the applicant _____________________________________________________________________________

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Why or why not? ____________________________________________________________

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