

Still Scholars Early Assurance Program Application

Evaluation Form

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

Evaluators may use this evaluation form or submit a formal letter of recommendation on official letterhead. If preferred, a letter of recommendation may accompany this form to further address the strengths and challenges of this applicant.

	l.	APPLICANT I	NFORMATIO	N				
Legal Name of Applicant	+-							
Last:	First:	:	N	liddle:				
If you have educational mat	erials under anothe	er name, please list	name(s):	<u> </u>				
Current Address		•	. ,					
College/University Name:								
Relationship to Applicant:								
II.	EVALUATOR IN	NFORMATION	(to be comple	eted by e	valuator)			
Last:	First		N	1iddle:				
Rank or Title:								
Address:								
City:	State:	Zip:						
Email Address:				Phone:				
III. EVALUATOR COMMENTS (to be completed by evaluator)								
State nature, duration, and extent of your association with the applicant:								
Has applicant ever been pla	aced on disciplinary	or academic proba	ation?	Yes	No	N/A		
If yes, please explain circumstances:								
Are you familiar with how th	e applicant reacts i	n stressful or crisis	situation?	Yes	No	N/A		
If yes, please explain:								
What unique strengths and/ potential for a career as a physician assistant does this applicant possess?								
Please describe any weaknesses of this applicar	nt:							



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Please give your overall impression of this applicant:						
Please check how you would rate	e this applicant on the following characteristics:					
Adaptability:	Reaction to Criticism:	eaction to Criticism:				
Conflict Resolution:	Reliability:					
Empathy:	Self Awareness:					
Intellectual Ability:	Team Skills:					
Interpersonal Relations:	Written Communication:					
Oral Communication:	Overall Evaluation:					
Do you recommend this applican	nt to the ATSU- ASHS PA Still Scholars Program?	Yes	No	Undecided		
Why or why not?						
Evaluator Signature		ate				

Please email completed evaluation information form and/or letter of recommendation by August 1st to: admissions@atsu.edu

If preferred, you may also mail the evaluation and/or letter of recommendation to:

Andrea O'Brien, MS ATSU-ASHS PA Still Scholars Program 800 W Jefferson Street Kirksville, MO 63501

Thank you for supporting this applicant's professional development!