

VMCAS 2010 PAPER EVALUATION FORM

Mail this completed form to:
VMCAS
1101 Vermont Ave NW #301
Washington, DC 20005

VMCAS ID#

Name of Applicant _____ Telephone () _____
E-mail: _____
Name of Evaluator _____ Telephone () _____
Evaluator's Title or Occupation _____
Institution, Practice, or Place of Business _____
Evaluator's E-mail: _____ Is the Evaluator a Vet? _____
Evaluator's Address _____
Street City _____ State _____ ZIP CODE _____

VMCAS EQUAL OPPORTUNITY STATEMENT

All veterinary medical colleges participating in VMCAS are equal access/equal opportunity institutions. As such, they do not discriminate on the basis of race, ethnic background, religion, disability, age, gender, or sexual orientation.

TO THE APPLICANT: Please create a VMCAS Web application account at aavmc.org to obtain your VMCAS ID. Before giving this form to an evaluator, enter your VMCAS ID, your name, and contact information above and sign statement A or B below. Evaluations are accepted without a VMCAS ID, however do not mail your evaluations to VMCAS until you have started a web application. You must also register the names of your evaluators in the eLOR section of your application. Please notify your evaluator that this form is mandatory for all recommendations. The following colleges require the evaluator to complete sections 4, 5, and 6 in their entirety: *Cornell, Florida, Kansas, Mississippi, Purdue, VA-MD, Wisconsin, Prince Edward Island*. **Review <http://www.aavmc.org> for instructions on letters of recommendation. Evaluations should be sent to VMCAS by the application deadline.** Questions or concerns should be directed to the VMCAS Student and Advisor Hotline. The toll free number is 1 877 862 2740 or vmcas@aavmc.org

Applicants who are admitted have the right, under the family educational rights and privacy act of 1974, to see written evaluations submitted on their behalf, unless they waive that right. Please indicate your choice by signing either statement A or B. Your choice will not be a factor in considering your application.

A. I hereby waive my right of access to the applicant evaluation provided by the evaluator named above.

Applicant's Signature Date

B. I do not waive my right of access to the applicant evaluation provided by the evaluator named above. He or she should be made aware that I retain my right of access and that the confidentiality of the evaluation is not guaranteed.

Applicant's Signature Date

TO THE EVALUATOR /ADVISOR: Please feel free to attach any answers or letters that do not fit on this form. This candidate has requested that you evaluate him/her for the professional curriculum of a college of veterinary medicine, and has indicated above whether or not he/she wishes to have access to this evaluation. The information you provide will be distributed to applicant's designated colleges and used only in the admissions process. The applicant may change his/her college selections after your evaluation is submitted to VMCAS. A member of the admissions committee seeking additional information or verification may contact you. This form must be attached to each individual or committee letter. The following colleges require you, the evaluator, to complete sections 4, 5, and 6 in their entirety: *Cornell, Florida, Kansas, Mississippi, Purdue, VA-MD, Wisconsin, Prince Edward Island*. See <http://www.aavmc.org> for further instructions. Recommendation letters in your files from previous admissions cycles are acceptable, if attached to this VMCAS evaluation form. **Please sign the bottom of page two of this form**, seal the letter and form in an institutional or business envelope, and sign across the back seal. If your school has a policy which forbids you to release sealed letters to the applicant, you may mail the recommendation and VMCAS Evaluation form to **VMCAS at 1101 Vermont Ave NW Suite 301, Washington, DC 20005 by the application deadline**. Questions or concerns should be directed to the VMCAS Student and Advisor Hotline. The toll free number is 1 877 862 2740 or vmcas@aavmc.org

EVALUATION

1. How long have you known or observed the applicant?
2. In what capacity have you known the applicant?
3. In the past five years, I have evaluated approximately _____ candidates for admission to veterinary medical colleges.

Applicant's Name _____

Evaluator's Name _____

4. Please indicate your assessment of the candidate in each category below by circling the appropriate box. We ask that your evaluation accurately reflect the candidate's demonstration of the listed characteristics or behavior. The selections read from left to right.

Initiative / Originality	Needs occasional prodding	Does assigned work of own accord	Completes suggested extra work	Original, independent, imaginative	Have not observed
Motivation (for becoming a veterinarian)	Is uncertain of career goals	Simply wants to be a professional (any type)	Dedicated worker	Is among the most motivated	Have not observed
Intellectual capacity	Below average	Average	Above average	Exceptional intellectual capacity	Have not observed
Personal and social maturity	Below average	Average maturity	Above average	Exceptionally mature	Have not observed
Dependability and reliability	Doubtful reliability	Usually reliable	Above average reliability	Unquestioned reliability	Have not observed
Emotional stability	Very excitable	Easily upset	Usually stable, poised	Stable, well balanced	Have not observed
Leadership	Satisfied to follow	Occasionally a leader	Frequently a leader	Outstanding leader	Have not observed
Ability to work with others	Lacks interpersonal skills	Occasionally uncooperative	Works well with others	Excellent interpersonal skills	Have not observed
Character and integrity	Untrustworthy	Occasionally compromises ethics for personal gain	No serious flaws in ethics or integrity	Absolutely trustworthy, observes high-quality ethics	Have not observed
Verbal Skills	Below average	Moderately articulate	Above average	Articulate, clear, fluent	Have not observed
Acceptance of feedback and instruction	Resistant to constructive feedback	Sometimes resistant to feedback	Accepts feedback	Seeks out feedback	Have not observed

5. Ability to handle animals (circle one). Please read selections from left to right.

Below Average	Acceptable ability with small animals	Acceptable ability with large animals	Acceptable ability with small and large animals	Have not observed
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6. Please rate this applicant's overall potential by circling the appropriate box. Please read selections from left to right.

Below average Lower 40%	Average Middle 20%	Above average Next 15%	Good Next Highest 15%	Very good Next Highest 4%	Outstanding Next Highest 4%	Truly Exceptional Next Highest 2%
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7. Letter of recommendation: A letter of recommendation is often the most important part of the evaluation and lends credibility to the overall ratings given above. An evaluation without written comments offers little support for the applicant. Observations, which document your ratings of the candidate's personal and/or academic qualifications, as well as comments on specific strengths and weaknesses, are extremely helpful. On a separate sheet, please add comments that you feel may assist the admissions committee in further considering this applicant for admission.

EVALUATOR'S SIGNATURE _____ **Date** _____

Attachments: Check here if separate letter of recommendation is attached to this form.