

TMDSAS EVALUATION FORM

To be completed by the applicant:

Applicant's Name: _____ TMDSAS ID: _____

College or University Currently Attending: _____

Applying for: Medical [] Dental []

Applicant must sign ONE of the statements below

<p>I hereby voluntarily waive and relinquish any right of access to this confidential letter of evaluation.</p> <p>Sign: _____ Date: _____</p> <hr/> <p>I retain my right of access to this letter of evaluation.</p> <p>Sign: _____ Date: _____</p>
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To the Letter Writer Evaluator:

Admission committees are looking for candid, honest insight into the applicant's strengths and weaknesses. A substantial evaluation provides an accurate assessment of the applicant's suitability for medical/dental school rather than advocate for the applicant. Describe how the applicant has, or has not, demonstrated any of the following competencies that are necessary of success in medical/dental school: Integrity and ethics, reliability and dependability, service orientation, social/interpersonal skills, teamwork, capacity for improvement, resilience and adaptability, cultural competence and oral communication.

A typed personal letter of evaluation on your professional letterhead is required in addition to this signed form. Completed letters must be sent **by the evaluator** directly to:

Dr. James Koukl
Chief Health Professions Advisor
Department of Biology
The University of Texas at Tyler
3900 University Blvd.
Tyler, Texas 75799