

Evaluation Form for Rhodes/UTHSC Research Program

Applicant _____

Faculty Evaluator _____

Applying for ___ summer ___ academic year ___ both (check one)

I Do _____ Do Not _____ waive my rights to have access to the completed evaluation.

Applicant name _____

(electronic signature)

To the evaluator: You have been asked to write an evaluation of the above applicant, who is applying to conduct research in a sponsoring laboratory at the University of Tennessee Health Science Center. Thank you for being willing to