



To the Faculty Evaluator:

Attached or enclosed is an evaluation form for a fourth-year medical student from McGovern Medical School at UTHealth. This evaluation is due back at McGovern within **10 days** of completion of course work. Please evaluate the student studying with you and return in one of three ways:

- 1. Send the form by attachment to ms.evaluations@uth.tmc.edu
- 2. Fax the evaluation to 713-500-0616
- 3. Send it to the address below:

Office of Admissions and Student Affairs 6431 Fannin, G.400 Houston, TX 77030

Please sign and record a final grade on the bottom of the evaluation form. The grading system used by the medical school includes the following:

Honors	Н
High Pass	HP
Pass	Р
Below Pass	BP
Fail	F

Below Pass is not a passing grade and requires the student to remediate a portion of the course. The approval to remediate is granted by the Student Evaluation and Promotions Committee, and is coordinated/overseen by the course director.

Students who earn and receive a grade of Fail must repeat the course in its entirety.

A grade of Incomplete should be given when the student has not completed the assigned work in the prescribed time period of when the student has been authorized to continue until the assignment is completed. The final grade achieved is added after the work has been completed. The "I" is not removed when the final grade is posted on the transcript. For example: I/P, I/HP, I/F.

Fourth-year students receive written evaluations as part of the grading process for clinical courses. Documented statements on a student's weaknesses and strengths are helpful to the student, the Associate Dean for Student Affairs, and the Student Evaluation and Promotions Committee. These statements become a part of the permanent record and are sent to the students just as their Honors/High Pass/Pass/Below Pass/Fail grades are.

Thank you for your assistance in maintaining an accurate record of his/her elective experience at your institution and for your important role in this student's medical education.

Sincerely yours,

Sheela L. Lahoti, MD

Associate Dean for Admissions and Student Affairs

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RESEARCH Elective Fourth Year Elective Evaluation Form

STUDENT NAME:	STUDENT ID:
INCLUSIVE DATES OF ELECTIV	E: to
COURSE NAME:	DEPT/NO: SPEC 4001
FACULTY EVALUATOR:	
NAME OF INSTITUTION IF OTH	IER THAN UTHEALTH AT HOUSTON:
must also be reported. The co	I in each of the following categories and assigned an appropriate rating based on the following descriptions. A final grade example of the student of the st
<u>RATING</u>	<u>DESCRIPTION</u>
5	Far exceeds reasonable expectation. Only a few people earn this rating.
4	Usually exceeds reasonable expectations but is not really outstanding.
3	Always meets reasonable expectations and occasionally exceeds them (most will rank here).
2	In general, meets reasonable expectations but occasionally falls short.
1	Often falls short of reasonable expectations
Collects relevant SKILLS IN ORAL O Well organized — primary investiga ASSESSING DATA Formulates sound experimental out EVIDENCE OF PRE Can answer appro literature review WORK HABITS AN Demonstrates str commitment — ex	AND COMPILING RESULTS TO ARRIVE AT VALID CONCLUSION(S) —PROBLEM SOLVING: I research hypotheses — is specific in problem definition — interprets results correctly —draws valid conclusions based on comes. PARATION —OUTSIDE READING: Periate questions correctly — asks well-reasoned questions — seeks information from independent sources — complete using recent publications. D PERSONAL QUALITIES: Dong work ethic and interest in the project — demonstrates integrity — demonstrates appropriate initiative, energy, press enthusiasm — volunteers for extra work. RELATIONSHIPS WITH OTHER MEMBERS OF THE RESEARCH TEAM: Ill members of the research team — good relationships with others — is able to resolve problems — demonstrates appropriate
	DEFIND OF INFORMATION: not setting and helps to identify future avenues of investigation based on current research goals.



RESEARCH Elective Fourth Year Elective Evaluation Form

COMMENTS:

REMEDIAL WORK REQUIRED:					
IF YES, SPECIFY:					
FINAL GRADE:	☐ HONORS	☐ HIGH PASS	□ PASS		
	☐ BELOW PASS	□ FAIL	□ INCOMPLETE		
FACULTY SIGNATURE:			DATE:		