



# Laboratory Medicine & Pathobiology UNIVERSITY OF TORONTO

Graduate Programs

## CANDIDATE EVALUATION FORM:

\_\_\_\_\_ **CANDIDATE**

\_\_\_\_\_ **DEGREE SOUGHT**

The above student has been given an offer of admission to the Department of Laboratory Medicine and Pathobiology graduate program. This information is essential to the evaluation process and to confirm the student's enrolment in the program. Please return the completed form to the Departmental Graduate Office.

	Outstanding - <i>Top 2%</i>	Very Good - <i>Top 10%</i>	Above Average - <i>Top 25%</i>	Acceptable - <i>Top 50%</i>	Somewhat Limited - <i>Lower 50%</i>	No Opportunity to Observe
Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic Background	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual Capacity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Research: 1) Demonstrated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Overall Rating</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Comments:

I agree to supervise this student;    Yes             No

\_\_\_\_\_   
Print Name

\_\_\_\_\_   
Signature

\_\_\_\_\_   
Date

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