

Department of Molecular & Human Genetics
Clinical Research Education Training Program (CRETTP)
Application Student Evaluation Form

Student's Full Name: _____

Students Social Security Number: _____

College / University: _____

Faculty Evaluator: _____ Phone: _____

Faculty Evaluator's Signature: _____

How long have you known the student? _____

In what capacity? _____

Please rate the student in all categories with which you feel qualified to assess characteristics relative to other students at the same academic classification (i.e., freshman, sophomore, etc.) with whom you have had contact. Place an (X) in the field that best describes the student's characteristic.

Characteristic	Outstanding	Excellent	Good	Average	Below Average
Desire to learn					
Curiosity					
Creativity					
Hard working					
Perseverance					
Ability to adapt to new situations					
Interpersonal skills					
Analytical problem solving					
Scientific knowledge					
Technical expertise					

Please **include a letter of recommendation along with this form** that provides any information you feel would be helpful in assessing the student's placement in the CRETTP Program, including obstacles the student has overcome. Email this form **with** the letter of recommendation to:

Dr. Debra Murray
ddm@bcm.edu
Baylor College of Medicine
Human Genome Sequencing Center
One Baylor Plaza, N1519; MS 226
Houston, TX 77030