

## 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