

CONFIDENTIAL APPLICANT APPRAISAL FORM

(SSEPI, SSEPII, SSSEPIII, CSEP, and PESP)

Student Name: _____ is in the _____ grade/year and is applying to the **Summer Science Enrichment Program (SSEP) I, II, or III** or the **College Science Enrichment Program (CSEP)** or the **Pre-Enrollment Support Program (PESP)** offered by Marquette University Health Careers Opportunity Program. This program provides a six- week, intensive academic and professional experience designed to expose disadvantaged high school and college students to the health professions of physical therapy, physician assistant studies, clinical lab and laboratory sciences, speech pathology, biomedical sciences, and dentistry. In addition, the program seeks to improve the student's chances for admission and graduation from a health professions school by providing workshops for college/graduate school admission tests. Your candid and thoughtful evaluation of the applicant for participation in our Summer Science Enrichment Programs is sincerely appreciated. Please return this form completed and a letter of recommendation by March 1st of current year. Please check the appropriate box for each category that in your judgment, most accurately describes the applicant. In your recommendation letter, please describe additional qualities or characteristics of the applicant that you consider relevant. If known, please indicate any academic weaknesses, i.e., study/test-taking/reading skills, etc., to assist us in working with the student during our six-week program.

I have known the applicant for _____ years/months in my capacity as his/her _____

<i>Quality</i>	Excellent	Good	Fair	Poor	Have Not Observed
Appearance & Presentation					
Personality					
Maturity & Judgment					
Dependability & Reliability					
Perseverance					
Character, Integrity					
Initiative					
Self Esteem					
Leadership					
Potential as a Health Professional					

Considering this applicant's general qualifications for admission to our program and the health professions, please rate him/her as one of the following:

_____ Very Desirable _____ Desirable _____ Fairly Desirable _____ Undesirable

Name (print or type) _____

Position/Title _____ High School College/Department _____

City _____ State _____ Zip _____ Area Code Telephone (____) _____

Signature _____ Date _____

DO NOT RETURN APPRAISAL FORMS TO THE APPLICANT

Please Mail Directly to:

Marquette University
 Health Career Opportunity Program
 Walter Schroeder Complex, Room 346
 P.O. Box 1881
 Milwaukee, WI 53201-1881