



North Carolina A & T State University
Department of Biology

RESEARCH INITIATIVE FOR SCIENTIFIC ENHANCEMENT (RISE) PROGRAM
A SCIENCE EDUCATION PARTNERSHIP WITH THE NATIONAL INSTITUTE OF GENERAL MEDICAL SCIENCES

Program Director: Dr. Goldie Byrd
Director of Student Research: Mrs. Sharon Wellman

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TEACHER EVALUATION (Rating Form)

I. STUDENT

Fill in your name and address. Give two evaluation forms and two addressed envelopes to two teachers who have taught you science/math subjects. Request them to either send the completed rating forms to the address listed above or give them back to you in a sealed envelope for inclusion in your application package.

Student Name: Last First Middle

Address:

City State Zip

II. RECOMMENDER

This student is applying to the Summer Pre-Matriculation Program at NCA&T. The program considers high caliber students who are seriously planning on pursuing graduate study (Ph.D. or M.D./Ph.D.) in biomedical and bio-behavioral sciences.

Your candid evaluation would be very helpful in selecting qualified participants for this program. We are interested in whatever you think is important about the applicant's academic and personal qualifications. Please insert the completed evaluation form in an envelope and sign the back flap.. You may mail the form directly to the address listed above or give back to the student for inclusion in the application package. We are grateful for your assistance.

- 1. I have known the applicant for a period of ... in the following capacity ...
2. The applicant ranks academically with other students taught in recent years as follows:
Top 5% Top 10% Top 25% Average Below Average
3. Major strengths of this student as a prospective participant in this program are:
4. Major weaknesses of this student as a prospective participant in this program are:

