

**University of Tennessee Health Science Center
College of Medicine**

MEDICAL STUDENT PERFORMANCE EVALUATION

for

«STUDENT_NAME»

November 1, 2003

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IDENTIFYING INFORMATION

UNIQUE CHARACTERISTICS

ACADEMIC HISTORY

Date of expected graduation from medical school:

Date of initial matriculation in medical school:

Please explain any extensions, leave(s) of absence, gap(s), or break(s) in the student's educational program.

For Transfer Students:

Name of prior medical school:

Date of initial matriculation in prior medical school

Date of transfer from prior medical school:

For Dual/Joint/Combined Degree Students:

Date of initial matriculation in other degree program:

Date of expected graduation from other degree program:

Type of other degree program:

Was this student required to repeat or otherwise remediate any coursework during his/her medical education?

Was this student the recipient of any adverse action(s) by the medical school or its parent institution?

ACADEMIC PROGRESS

Preclinical/Basic Science Curriculum:

Core Clinical Clerkships and Elective Rotations:

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SUMMARY

OVERALL MEDICAL SCHOOL PERFORMANCE	OUTSTANDING [GPA]	EXCELLENT [GPA]	VERY GOOD [GPA]	GOOD [GPA]	SATISFACTORY [GPA]
	(15%)	(25%)	(25%)	(25%)	(10%)

Signature of School Official