

COLUMBIA UNIVERSITY COLLEGE OF PHYSICIANS & SURGEONS

SPURS

A Biomedical Research Program

Letter of Evaluation

(Please give to faculty sponsor)

TO THE APPLICANT

Date

Please give this form to a professor/faculty advisor, along with an envelope stamped and addressed to the SPURS program. Ask the sponsor to seal this form and the letter of evaluation in an envelope, sign across the seal, and forward it to Columbia at the address listed below. Make certain that the sealed envelope containing your letter of evaluation is postmarked by February 10, 2017. Alternatively, your evaluator can send this evaluation form with their letter of evaluation to: Ms. Castalia Sanchez, Administrative Coordinator, *ca2001@cumc.columbia.edu*

Last Name	First Name	Λ	Aiddle Name		
Department or Prog	gram				
Name of academic s	ponsor				
review their educational that applicants, and the p	records, students may waive th	eir right to see specific co st evaluations, may wish	onfidential statements and	tudents the right to inspect and letters of evaluation, in the belief ality of those evaluations, we are	
(1) I waive my right to examine this letter.* Please check □			(2) I do not waive my right to examine this letter.* Please check □		
(Your Signature)			(Your Signature)		
TO THE ACADEM	IC ADVISOR				
How long you have kno	wn the applicant and in wha	nt capacity?			
How would you rate the	e applicant's overall preparat	ion and aptitude for the	his program?		
□ Top 5%	□ Top 10%	□ Top 25%	□ Top 50%	□ Below 50%	
ask you to please discuss lope; return the evaluation Dr. Andrew R. Marks, Pt. 5th floor • Room 520 • C	candidly the applicant's abilitien by February 10, 2017 to: rofessor and Chair Departmen Columbia University College o nd a letter of evaluation can be	es, progress, and scholarly nt of Physiology & Cellu of Physicians & Surgeon	y potential. Please seal and ular Biophysics and Pharm s, 1150 St. Nicholas Avenu	your institution's letterhead, we I sign the back flap of the enve- nacology, Russ Berrie Pavilion • ne, N.Y., N.Y. 10032. ez, Administrative Coordinator,	
*Note: If the applicant re examination.	equesting this evaluation has si	gned neither of the state	ements above this letter wil	ll be available for the applicant's	
Signature			Name (print)		
Title			Department		