

## UNDERGRADUATE SCHOLARSHIP PROGRAM (UGSP) - EVALUATION FOR PAY-BACK

OMB Clearance Number: 0925-0299

Expiration Date: 30-Jun-2019

Please provide your assessment of the UGSP scholar's performance in your laboratory. Please note that the information provided in this section shall be held in confidence and protected from disclosure by officials of the NIH Scholarship Program, according to the Privacy Act System of Records #09-25-0165.

If you have any questions, please call:

Dr. Darryl M. Murray

Director, UGSP

301-594-2222

### UGSP SCHOLAR INFORMATION

UGSP Scholar First Name

UGSP Scholar Last Name

Type of Service

Summer Service  Pay-Back Year

Scholar's Period of Service - Start Date

September ▾ 06 ▾ 2018 ▾

Scholar's Period of Service - Stop Date

September ▾ 06 ▾ 2018 ▾

### EVALUATION OF SCHOLAR

Interest in Science

Top 1%  Top 10%  Top 33%  Top 50%  Bottom 50%  N/A

Ability to Complete Projects Accurately and Timely

Top 1%  Top 10%  Top 33%  Top 50%  Bottom 50%  N/A

Writing Skills

Top 1%  Top 10%  Top 33%  Top 50%  Bottom 50%  N/A

Analytical Problem-Solving Skills

Top 1%  Top 10%  Top 33%  Top 50%  Bottom 50%  N/A

Oral Communication Skills

Top 1%  Top 10%  Top 33%  Top 50%  Bottom 50%  N/A

Ability to Work Independently

Top 1%  Top 10%  Top 33%  Top 50%  Bottom 50%  N/A

Rapport with Peers

Top 1%  Top 10%  Top 33%  Top 50%  Bottom 50%  N/A

Rapport with Faculty or Supervisor

Top 1%  Top 10%  Top 33%  Top 50%  Bottom 50%  N/A

Initiative

Top 1%  Top 10%  Top 33%  Top 50%  Bottom 50%  N/A

**Curiosity**

Top 1%  Top 10%  Top 33%  Top 50%  Bottom 50%  N/A

**Creativity**

Top 1%  Top 10%  Top 33%  Top 50%  Bottom 50%  N/A

**Observation Skills**

Top 1%  Top 10%  Top 33%  Top 50%  Bottom 50%  N/A

**Please assess the scholar's potential for a career in biomedical research and share any observations and inferences that would be useful in predicting this scholar's potential to become a biomedical, behavioral, or social science health-related researcher. For example, your comments may include your assessment of some of the following attributes: scientific aptitude, creativity, curiosity, initiative, work habits, and peer relationships.**

This text box can scroll to accommodate lengthy answers.

**Do you have any reason to believe that the scholar may not satisfy the post-graduation service requirement?**

The UGSP scholars are required to fulfill two service obligations for each year of scholarship support: (1) one obligation has been satisfied this summer; (2) the second obligation is upon graduation (unless a deferment is granted), when scholars incur 1 year of research training in intramural labs for each full year of scholarship support.

Yes  No

**If you feel this UGSP scholar will not satisfy the post-graduation service requirement, please explain.**

This text box can scroll to accommodate lengthy answers.

**EVALUATOR'S INFORMATION**

**First Name (Given Name):\***

**Last Name (Family Name):\***

**Email Address (check accuracy):\***

**Institute-Center:\***

Submit Survey    Cancel

Collection of this information is authorized by The Public Health Service Act, Section 410 (42 USC 285). Rights of participants are protected by The Privacy Act of 1974. Participation is voluntary, and there are no penalties for not participating or withdrawing from the study at any time. The information collected in this study will be kept private to the extent provided by law. Names and other identifiers will not appear in any report of the study. Information provided will be combined for all participants and reported as summaries.

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0299). Do not return the completed form to this address.

