

UGSP EVALUATION OF SCHOLAR PAYBACK PERIOD

OMB Number: 0925-0299

Expiration Date: 30 May 2024

Burden Time: 10 minutes

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Q1 First Name (Given Name):

Q2 Last Name (Family Name)

Q3 Type of Service Completed

- ☐ Summer Service
- ☐ Year Service

Q4 Service Period Start Date (ex: 15 Jun 2024)

Q5 Service Period Stop Date (ex: 15 Aug 2024)

Q6 Indicate the strengths of this scholar using these categories:

	Top 1%	Top 10%	Top 33%	Top 50%	Bottom 50%	N/A
Interest in Science	☐	☐	☐	☐	☐	☐
Ability to Complete Projects Accurately and Timely	☐	☐	☐	☐	☐	☐
Writing Skills	☐	☐	☐	☐	☐	☐
Analytical Problem-Solving Skills	☐	☐	☐	☐	☐	☐
Oral Communication Skills	☐	☐	☐	☐	☐	☐
Ability to Work Independently	☐	☐	☐	☐	☐	☐
Rapport with Peers	☐	☐	☐	☐	☐	☐
Rapport with Faculty or Supervisor	☐	☐	☐	☐	☐	☐
Initiative	☐	☐	☐	☐	☐	☐
Curiosity	☐	☐	☐	☐	☐	☐
Creativity	☐	☐	☐	☐	☐	☐
Observation Skills	☐	☐	☐	☐	☐	☐

Q7 Assess the scholar's potential for a career in biomedical research and share any observation and inferences that would be useful in predicting this scholar's potential to become a biomedical, behavioral, or social science health related researcher.

Q8 Do you have any reason to believe this scholar may not satisfy the post-graduation service requirement?

EVALUATOR INFORMATION

Q9 First Name (Given Name)

Q10 Last Name (Family Name)

Q11 Email Address (check accuracy)

Q12 Signature Block
