

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 | <input type="radio"/> |
| Ability to Complete Projects Accurately and Timely | <input type="radio"/> |
| Writing Skills | <input type="radio"/> |
| Analytical Problem-Solving Skills | <input type="radio"/> |
| Oral Communication Skills | <input type="radio"/> |
| Ability to Work Independently | <input type="radio"/> |
| Rapport with Peers | <input type="radio"/> |
| Rapport with Faculty or Supervisor | <input type="radio"/> |
| Initiative | <input type="radio"/> |
| Curiosity | <input type="radio"/> |
| Creativity | <input type="radio"/> |
| Observation Skills | <input type="radio"/> |

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
