

The University of Tennessee Health Science Center
College of Medicine

MEDICAL STUDENT PERFORMANCE EVALUATION

For

November 1, 2009

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IDENTIFYING INFORMATION

**PERSONAL COMMENTS / NOTEWORTHY ACHIEVEMENTS
ACADEMIC HISTORY**

Date of expected graduation from medical school: May 28, 2010
Date of initial matriculation in medical school: May 01, 2006

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: Not applicable
Date of initial matriculation in prior medical school: Not applicable
Date of transfer from prior medical school: Not applicable

For Dual/Joint/Combined Degree Students: Not applicable

Date of initial matriculation in other degree program: Not applicable
Date of expected graduation from other degree program: Not applicable
Type of other degree program: Not applicable

Was this student required to repeat or otherwise remediate
any coursework during his/her medical education? Not applicable

Was this student the recipient of any adverse action(s) by the
medical school or its parent institution? Not applicable

ACADEMIC PROGRESS

Preclinical/Basic Science Curriculum

Core Clinical Clerkships & Elective Rotations:

Insert clinical core clerkship comments here in chronological order.

SUMMARY

Insert your summary comments here.

MEDICAL STUDENT PERFORMANCE EVALUATION

«STUDENT_NAME»

November 1, 2009

OVERALL MEDICAL SCHOOL PERFORMANCE*	OUTSTANDING (4.0-3.88)	EXCELLENT (3.85-3.48)	VERY GOOD (3.47-3.25)	GOOD (3.24-2.76)	SATISFACTORY (2.74-1.89)

Robert C. Fore, Ed.D., FACME
Professor and Associate Dean for Academic Affairs
University of Tennessee College of Medicine Chattanooga