



COLUMBIA UNIVERSITY COLLEGE OF PHYSICIANS & SURGEONS

SPURS
A Biomedical Research Program

Letter of Evaluation
(Please give to faculty sponsor)

TO THE APPLICANT

Please give this form to a professor/faculty advisor. Your evaluator can e-mail this evaluation form with their letter of evaluation to the SPURS program at ana_spurs@cumc.columbia.edu by February 15, 2025.

Last Name First Name Middle Name

Department or Program

Name of academic sponsor

Under the Family Education Rights & Privacy Act of 1974 (Buckley Amendment), which gives registered students the right to inspect and review their educational records, students may waive their right to see specific confidential statements and letters of evaluation, in the belief that applicants, and the persons from whom they request evaluations, may wish to preserve the confidentiality of those evaluations, we are giving you an opportunity to sign one of the following statements:*

(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 ACADEMIC ADVISOR

How long you have known the applicant and in what capacity?

How would you rate the applicant's overall preparation and aptitude for this program?

- Top 5% Top 10% Top 25% Top 50% Below 50%

This form is submitted to you for an opinion of the applicant's undergraduate work. In a separate letter on your institution's letterhead, we ask you to please discuss candidly the applicant's abilities, progress, and scholarly potential. Please seal and sign the back flap of the envelope; return the evaluation by February 15, 2024 to:

Dr. Andrew R. Marks, Professor and Chair Department of Physiology & Cellular Biophysics and Pharmacology, Russ Berrie Pavilion • 5th floor • Room 520 • Columbia University College of Physicians & Surgeons, 1150 St. Nicholas Avenue, N.Y., N.Y. 10032.

Alternatively, this form and a letter of evaluation can be scanned and sent by email to the SPURS program at ana_spurs@cumc.columbia.edu

*Note: If the applicant requesting this evaluation has signed neither of the statements above this letter will be available for the applicant's examination.

Signature

Name (print)

Title

Department

Date