

SUNY HEALTH SCIENCE CENTER SCHOOL OF GRADUATE STUDIES

Ph.D. PROGRAM

INDIVIDUAL INTERVIEW EVALUATION FORM

APPLICANT _____ DATE OF INTERVIEW _____

GENERAL INTERVIEW COMMENTS (if special interest in SUNY and commitment to Ph.D. Program):

SUITABILITY FOR RESEARCH:

ACADEMIC PERFORMANCE:

INTERVIEW RATING

Outstanding
Excellent
Acceptable
Marginal
Unacceptable

ACADEMIC RATING

Outstanding
Excellent
Acceptable
Marginal
Unacceptable

Recommendations for Admissions Committee: Accept Do not accept Hold

INTERVIEWER _____