



## **Medical School Assessment for Applicants**

## Use this form to identify and assess the schools where you may apply.

School Information						
School Name:						
How does this medical se	chool meet you	r needs and	criteria?			
Complete this assessment, usin	g the following sca	ale:				
		Very Positive	Positive	No Opinion	Negative	Very Negative
Course offerings		0	0	0	0	0
Class size		0	0	0	0	0
Location		0	0	0	0	0
Advice from industry professionals		0	0	0	0	0
Research programs		0	0	0	0	0
Technology		0	0	0	0	0
Interviews/Meetings with faculty		0	0	0	0	0
Reputation		0	0	0	0	0
Technology		0	0	0	0	0
Cost of Attendance/Financial Aid		0	0	0	0	0
Programs for minority/disadvantaged students		0	0	0	0	0
Teaching methods		0	0	0	0	0
Combined degree offerings		0	0	0	0	0
Campus tour		0	0	0	0	0
Rural/Community Offerings		0	0	0	0	0
Ability of school to place students in particular residency programs		0	0	0	0	0
		0	0	0	0	0
		0	0	0	0	0
		0	0	0	0	0
		0	0	0	0	0
		0	0	0	0	0
Impression of School:	Favorable <b>O</b>	Undecided 🔿		Unfavorable 🔿		
ikelihood of applying: Will apply O		Undecid	ded <b>O</b>	Unlikely to apply <b>O</b>		
Notes:						