

Department of Orthopaedic Surgery
Washington University School of Medicine

Your responses to the questions on this form serve as a vital part of the applicant screening process and will help to determine which applicants will be invited for an interview with the selection committee. Your candor and thoughtfulness are greatly appreciated.

Please complete and return the form to the address listed below by **November 1st**.

ATT: OrthSurg Residency Selection Committee
 Department of Orthopaedic Surgery - WUSM
 Campus Box 8233
 660 S. Euclid Avenue
 St. Louis, MO 63110

APPLICANT'S NAME _____

	Below Average	Average	Very Good (top 25%)	Excellent (top 10%)	Outstanding (top 5%)	Best in Last Five Years
Work Ethic						
Ability to Work with Others						
Intelligence						
Overall Qualifications						

How would you rate the applicant in comparison with the last 25 students you have evaluated? (i.e., tenth out of 25, fifth out of 25)

Are there any unique characteristics which qualify this candidate for an orthopaedic residency?

SIGNATURE _____

ADDRESS: _____

PRINTED NAME _____

TITLE _____

