The University of Tennessee Health Science Center
College of Medicine

MEDICAL STUDENT PERFORMANCE EVALUATION

For

November 1, 2009

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:

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

<table>
<thead>
<tr>
<th>OVERALL MEDICAL SCHOOL PERFORMANCE*</th>
<th>OUTSTANDING (4.0-3.88)</th>
<th>EXCELLENT (3.85-3.48)</th>
<th>VERY GOOD (3.47-3.25)</th>
<th>GOOD (3.24-2.76)</th>
<th>SATISFACTORY (2.74-1.89)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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