

## Applicant Evaluation/ Recommendation Form

Please print or type		
Name of applicant		
Last	First	Middle Initial
Program to which applicant is applying		
Name of evaluator		
Position of evaluator		
Access I	nformation	
☐ I hereby waive my right to access to☐ I do not waive my right to access to	• •	
Applicant's signature		Date

**To the evaluator:** Please rate the applicant in comparison to others who have gone on for graduate study by checking the appropriate boxes.

	Top 5%	Top 10%	Top Third	Middle Third	Lower Third	Unknown N/A
Potential for independent study						
Intellectual ability						
Ability to work with others						
Dependability						
Initiative/motivation						
Originality						
Professional/ethical qualifications						
Problem analysis ability						
Breadth of knowledge						
Written communication skills						
Teaching ability						
Oral communication skills						
Maturity						
Decisiveness						
Flexibility						
Proficiency as a scholar						
Potential for graduate study						

How long have you known the applicant?	During what time per	iod?				
In what capacity?						
What do you consider to be the applicant's principal sway will graduate study better prepare the applicant tapplicant, please provide any additional information bthis form.	to meet his or her goals? In	order to help us evaluate the				
Do you recommend the applicant for admission to the	e graduate program indicate please explain.)					
Signature of evaluator						
Typed/printed name of evaluator						
Typed/printed address of the evaluator						
City	State	Zip				
Phone number of evaluator	Date					
E-mail address of evaluator						

Completed forms must be signed by the evaluator and placed in an envelope with the evaluator's signature on the seal if received by postal mail.

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