

APPLICANT EVALUATION

The Applicant should fill out the upper portion of this form, then give a completed form to each of your references.

NAME OF APPLICANT _____

DEGREE PROGRAM DESIRED _____

Applicant:

The Family Education and Privacy Act of 1974 gives students the right to inspect letters of recommendation written in support of applicants for admission or fellowship. The law also permits students to waive that right if they choose, although such a waiver cannot be a condition of admission or award. If you wish to waive your right to examine this letter of recommendation, please sign the waiver below.

I waive my legal right to inspect this letter of recommendation.

Signature _____ Date _____

To the Evaluator: Mark as appropriate; space for comments on back.

1. I know the applicant: ____ very well; ____ moderately well; ____ only slightly

2. Contact with applicant: ____ student in lecture class; ____ student in laboratory; ____ academic advisor; ____ other (please explain)

3. From the following list of qualifications, please rate all categories that apply to the candidate.

AMONG PEERS (1 Top 10%, 2 Top 25%, 3 Average, 4 Below Average, 5 Cannot Judge)

General academic abilities (1 2 3 4 5)

Creative thinking (1 2 3 4 5)

Potential for this degree (1 2 3 4 5)

Communication skills (1 2 3 4 5)

Self-motivation/independence (1 2 3 4 5)

Interaction with others (1 2 3 4 5)

Potential as a teaching assistant (1 2 3 4 5)

Potential as a research assistant (1 2 3 4 5)

Comparison with students you have recommended for graduate school (1 2 3 4 5)

Performance in undergraduate research (1 2 3 4 5)

Are there any extenuating circumstances or is there any additional information that we should be aware of in evaluating this applicant?

ADDITIONAL COMMENTS: (strengths/weak points)

Signature _____ Date _____

Printed Name _____ Title _____

Please return to:

Office of Admissions

P.O. Box 757480

University of Alaska Fairbanks

Fairbanks, AK 99775-7480 USA