

## ACADEMIC EVALUATION

## TO THE APPLICANT

After completing all the relevant questions below, give this form to an instructor who has taught you a full-credit college class. If applying via mail, please also give that instructor stamped envelopes addressed to each institution that requires a Academic Evaluation.											
Legal Nar	ne	ur (Enter na	nme <b>exactly</b> as it ap	pears on official documents.)	First/Given	Middle (comple	ete)	Jr., etc.			
					ΔID (Common Δnn ID)	)	,				
Dirtir Date	<b>,</b>		mm/dd/yyyy	C.	טו אפא ווטווווטוו אפף וטי	)					
Address _				City/Town							
	Number & Stre	eet	Apartment #	City/Town	County or Parish	State/Province	Cour	ntry	ZIP/Postal Code		
College o	r university you r	now attend			CE	EB/ACT Code					
college	es to which I am	applying fo		n, I authorize every school the authorize employees at the my behalf.							
O I w	aive my right to	review all re	ecommendations	and supporting documents s	ubmitted by me or o	n my behalf.					
○ I D	<ul> <li>I have chose counselors o</li> </ul>	n not to wai r teachers t	ive my right to rev	ndations and supporting doci riew my recommendations a recommendations on my be ehalf.	nd supporting docum	nents. I understand that m					
recom	mendation or ap	plication su		above pertains to all colleges	to which I apply and	d that my selections canno	ot be changed	after an	у		
Requir	ed Signature <u></u>	<u> </u>			Date						
in your pi	rivate files for us	se should th	ie student need a	TO THE IN valuations helpful in choosin dditional recommendations fice. <i>Do not mail this form</i>	. Please submit your	y qualified candidates. Yo references promptly, and					
Instructor's Name (Mr./Mrs./Ms./Dr.)				Discount of the state of the st	Subject Taught						
	•			Please print or type							
Signature							Date	mı	m/dd/yyyy		
College o	r University										
School Ac	ddress										
		Number &	Street	City/Town	State/Province	Country	ZIP/I	Postal Co	ode		
Instructor	's Telephone (	) a/Country/Cit	v Code	Number	Ins	tructor's E-mail					
_	ound Informat	tion	•	ntext?							
				cribe this student?							
List the c		taught this	•	r each the student's year in							

Ratings Compared to other students to whom you have taught this class, how do you rate this student in terms of:

		Below		Good (above	Very good (well above	Excellent	Outstanding	One of the top few I've encoun- tered
No basis		average	Average	average)	average)	(top 10%)	(top 5%)	(top 1%)
	Academic achievement							
	Intellectual promise							
	Quality of writing							
	Creative, original thought							
	Productive class discussion							
	Respect accorded by faculty							
	Disciplined work habits							
	Maturity							
	Motivation							
	Leadership							
	Integrity							
	Reaction to setbacks							
	Concern for others							
	Self-confidence							
	Initiative, independence							
	OVERALL							

**Evaluation** Please write whatever you think is important about this student, including a description of academic and personal characteristics, as demonstrated in your classroom. We welcome information that will help us to differentiate this student from others. (Feel free to attach an additional sheet or another reference you may have prepared on behalf of this student.)

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