



## 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 Information

- I hereby waive my right to access to the information supplied on this form.
- I do not waive my right to access to the information supplied on this form.

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
<b>N/A</b>						
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						

**Please complete the back of this form.**

How long have you known the applicant? \_\_\_\_\_ During what time period? \_\_\_\_\_

In what capacity? \_\_\_\_\_

What do you consider to be the applicant's principal strengths and weaknesses as a potential student? In what way will graduate study better prepare the applicant to meet his or her goals? In order to help us evaluate the applicant, please provide any additional information below or enclose a separate recommendation letter with this form.

Do you recommend the applicant for admission to the graduate program indicated?

Yes  No  With reservations (please explain.) \_\_\_\_\_

Signature of evaluator \_\_\_\_\_

Typed/printed name of evaluator \_\_\_\_\_

Typed/printed address of the evaluator \_\_\_\_\_

Street

City

State

Zip

Phone number of evaluator \_\_\_\_\_ Date \_\_\_\_\_

Area Code

E-mail address of evaluator \_\_\_\_\_

Typed or Printed

**Completed forms must be signed by the evaluator and placed in an envelope with the evaluator's signature on the seal. Return this envelope to the graduate student applicant.**

It is the policy of Clarion University of Pennsylvania that there shall be equal opportunity in all of its educational programs, services, and benefits, and there shall be no discrimination with regard to a student's or prospective student's race, color, religion, sex, national origin, disability, age, sexual orientation/affection, gender identity, veteran status or any other factor that are in accordance with local, state, and federal laws. Direct equal opportunity inquiries to Assistant to the President for Social Equity, 207 Carrier Administration Building, Clarion, PA 16214-1232, 814-393-2109.