Department of Chemistry

GRADUATE APPLICANT EVALUATION FORM

Name of Applicant

☐ reserve my right  ☐ waive my right under the Family Education Rights and Privacy Act of 1974, as amended, to inspect and review this letter or statement. I certify that this decision was made voluntarily by me.

Date ________________________  Student’s Signature ________________________

1. The nature and duration of your acquaintance with the applicant:

2. Your rating of the applicant’s:

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<thead>
<tr>
<th></th>
<th>Excellent</th>
<th>Above Average</th>
<th>Average</th>
<th>Below Average</th>
<th>Can Not Judge</th>
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<tbody>
<tr>
<td>Intellectual ability and capacity</td>
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<td>Drive and perseverance</td>
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<td>Imagination and creativity</td>
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<td>Character and integrity</td>
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<td>Emotional stability and maturity</td>
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<td>Personality and cooperativeness</td>
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The applicant ranks in the upper ______ percent of students(workers) I have taught (supervised).

3. Your estimate of the applicant’s potential as a:

   Graduate Student

   Research Worker

   Teaching Assistant
4. Additional comments and qualifying remarks (strong and weak characteristics, comparison with other students, relative ranking in courses, etc.):

___________________________  ___________________________
Signature                      Date

___________________________  ___________________________
Name                            Institution

___________________________  ___________________________
Title                           Address