Evaluation Form

TO BE COMPLETED BY APPLICANT
Name of Applicant________________________________ Applying for: ____M.S.____Ph.D.

Applicant: The Family Educational and Primary 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.
Date _________ Signature_______________________

TO BE COMPLETED BY EVALUATOR
Evaluator: I know the applicant: ___ very well; ___ moderately well; ___ only slightly
I have known the applicant for approximately _______years.
During this time the applicant was:
____undergraduate student _____ graduate student
____assistant of mine _____ advisee of mine ______ departmental assistant
other (please specify)_______________________________________________________

In a separate letter, may we have your judgment of this candidate's qualifications and promise, of the candidate's intellectual ability, motivation and capacity for research or for acquiring professional skill, promise for a career in productive scholarship and effective teaching, the quality of previous work, and of his or her character and personality?

In summary, I would give a: ___very strong___ strong___ average___below average recommendation.
If you have reservations about this recommendation please address them in your letter:
Evaluator's Signature_________________________Title______________________Date__________
Name Printed or Typed _____________________________
Address ____________________________________

Please mail by January 15 directly to: Office of Admissions, University of Alaska Fairbanks, P. O. Box 757480, Fairbanks, Alaska 99775-7480