Application 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_______________________________________________________________

AUTHORIZATION FOR WAIVER: TO BE READ AND SIGNED BY THE STUDENT: This waiver is not required as a condition of admission to Kutztown University for Graduate Studies.

I understand my rights under the US Rights and Privacy Act of 1974 to review confidential appraisals placed in my file on or after January 1, 1975, that are submitted with reference to admission to a graduate or other school.

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

<table>
<thead>
<tr>
<th>Skills &amp; Knowledge</th>
<th>Top 5%</th>
<th>Top 10%</th>
<th>Top Third</th>
<th>Middle Third</th>
<th>Lower Third</th>
<th>Unknown N/A</th>
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<tbody>
<tr>
<td>Potential for independent study</td>
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<td>Intellectual ability</td>
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<td>Ability to work with others</td>
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<td>Dependability</td>
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<td>Initiative/motivation</td>
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<td>Originality</td>
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<td>Professional/ethical qualifications</td>
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<td>Problem analysis ability</td>
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<td>Breadth of knowledge</td>
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<td>Decisiveness</td>
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<td>Potential for graduate study</td>
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</tbody>
</table>

Please complete the back of this form
How long have you known the applicant?
________________________________________________________________________________________________________

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.

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

☑ Yes ❑ No ❑ With reservations (please explain.)
________________________________________________________________________________________________________
________________________________________________________________________________________________________
________________________________________________________________________________________________________
________________________________________________________________________________________________________

Signature of the Evaluator__________________________________________________________

Typed/printed name of Evaluator________________________________________________________

Phone number of Evaluator__________________________________________________________ Date____________________________________

E-mail address of Evaluator__________________________________________________________

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Completed evaluation forms should be forwarded to:

Attn: Kutztown University- Graduate Admissions
Boxwood House
PO Box 730
Kutztown, PA 19530