



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.

Skills & Knowledge	Top 5%	Top 10%	Top Third	Middle Third	Lower Third	Unknown N/A
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						
Oral communication skills						
Decisiveness						
Potential for graduate study						

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.

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 _____

Completed evaluation forms should be forwarded to:

Attn: Kutztown University- Graduate Admissions

Boxwood House

PO Box 730

Kutztown, PA 19530