

ACADEMIC EVALUATION

TO THE APPLICANT

Legai Name Last/Family/Su	r (Enter name exactly as it app	pears on official documents.)	First/Given	Middle (complete)	Jr., etc.						
	CAID (Common App ID)										
	mm/dd/yyyy										
Address	et Apartment #	City/Town	County or Parish	State/Province	Country ZIP/Postal Coo						
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Jollege or university you n	ow attend			:B/AC1 Code							
colleges to which I am a		authorize employees at the		release all requested records intially contact my current an	and recommendations to ad former schools should they						
O I waive my right to r	eview all recommendations a	and supporting documents s	ubmitted by me or on	my behalf.							
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Ratings Compared to other students to whom you have taught this class, how do you rate this student in terms of:

No basis		Below average	Average	Good (above average)	Very good (well above average)	Excellent (top 10%)	Outstanding (top 5%)	One of the top few I've encoun- tered (top 1%)
	Academic achievement							
	Intellectual promise							
	Quality of writing							
	Creative, original thought							
	Productive class discussion							
	Respect accorded by faculty							
	Disciplined work habits							
	Maturity							
	Motivation							
	Leadership							
	Integrity							
	Reaction to setbacks							
	Concern for others							
	Self-confidence							
	Initiative, independence							
	OVERALL							

Evaluation Please write whatever you think is important about this student, including a description of academic and personal characteristics, as demonstrated in your classroom. We welcome information that will help us to differentiate this student from others. (Feel free to attach an additional sheet or another reference you may have prepared on behalf of this student.)