

**LETTER OF EVALUATION
GRADUATE STUDIES**

Please type or print all information requested in this box before submitting the reference to a potential respondent.
If you are applying to a graduate program that requires a discursive letter, please request that the respondent attach this form to his/her letter.

Applicant's Name: _____ **Email:** _____
Last/Family First Middle

Other Names Under Which
Records May Be Listed: _____ **Birthdate:** _____
Month/Day/Year

Address: _____
Street City State Zip

I have applied to _____ for the _____
Indicate degree and program Indicate term and year

Waive* my right to review this letter of recommendation.

Do not waive* my right to review this letter of recommendation.

Signature of Applicant Date

*In accordance with the Family Educational Rights and Privacy Act of 1974, it is a student's right to inspect and review confidential letters and statements unless the student expressly waives the right.

Recommender's Name (please print) _____ **Email:** _____

Position/Title: _____

Institution or Organization: _____

Address: _____

Date Signature of Respondent

1. How long have you known the applicant? _____

- Faculty Instructor Teaching Assistant Research Advisor Advisee/Mentor

Other _____

How would you rate this applicant in:

Academic Preparedness	<input type="checkbox"/> Very strong	<input type="checkbox"/> Strong	<input type="checkbox"/> Average	<input type="checkbox"/> Needs improvement	<input type="checkbox"/> No basis to evaluate
Intellectual Independence & Initiative	<input type="checkbox"/> Very strong	<input type="checkbox"/> Strong	<input type="checkbox"/> Average	<input type="checkbox"/> Needs improvement	<input type="checkbox"/> No basis to evaluate
Innovation & Creativity	<input type="checkbox"/> Very strong	<input type="checkbox"/> Strong	<input type="checkbox"/> Average	<input type="checkbox"/> Needs improvement	<input type="checkbox"/> No basis to evaluate
Research Ability	<input type="checkbox"/> Very strong	<input type="checkbox"/> Strong	<input type="checkbox"/> Average	<input type="checkbox"/> Needs improvement	<input type="checkbox"/> No basis to evaluate
Interpersonal Skills	<input type="checkbox"/> Very strong	<input type="checkbox"/> Strong	<input type="checkbox"/> Average	<input type="checkbox"/> Needs improvement	<input type="checkbox"/> No basis to evaluate
Communication Skills	<input type="checkbox"/> Very strong	<input type="checkbox"/> Strong	<input type="checkbox"/> Average	<input type="checkbox"/> Needs improvement	<input type="checkbox"/> No basis to evaluate
Ethics & Integrity	<input type="checkbox"/> Very strong	<input type="checkbox"/> Strong	<input type="checkbox"/> Average	<input type="checkbox"/> Needs improvement	<input type="checkbox"/> No basis to evaluate
Planning & Organization	<input type="checkbox"/> Very strong	<input type="checkbox"/> Strong	<input type="checkbox"/> Average	<input type="checkbox"/> Needs improvement	<input type="checkbox"/> No basis to evaluate
Teamwork	<input type="checkbox"/> Very strong	<input type="checkbox"/> Strong	<input type="checkbox"/> Average	<input type="checkbox"/> Needs improvement	<input type="checkbox"/> No basis to evaluate

Indicate the strength of your overall endorsement for this applicant along with the following scale:

- Highly Recommend Recommend Recommend with some reservations Not recommended

Please provide the most compelling reason for the University of Louisville to admit this applicant and explain your reasoning. Descriptions of significant actions, accomplishments, and personal qualities related to scholarly achievement would be helpful. If applicable, include any known obstacles the applicant may have had to overcome to attain his or her educational goals (e.g., economic, social, cultural, educational or other disadvantages).

You may send an email file of your comments, in lieu of this section.

Signature

Please e-mail to: gradadm@louisville.edu