

1. Name of Applicant:				
2. Date of Birth:				
3. Your assessment of the application Please rate him/her on the form				box.
CHARACTERISTICS	EXCELLENT	GOOD	FAIR	POOR
Academic Motivation				
Initiative				
Creativity				
Leadership				
Dependability				
Interpersonal Relations				
Student's potential for success i Comments:		☐ Above Average	☐ Average	☐ Below Average
Name:		Signature:		
Position:		Organization:		
Address:				