

DO NOT USE STAPLES

**Indiana University:
Bloomington, Indiana**

APPLICANT: indicate whether the letter accompanying this form is a (check ONE box only):

PERSONAL EVALUATION (To be completed by a person who has NOT TAUGHT YOU IN THE CLASSROOM AND HAS NOT GIVEN YOU A GRADE, and can evaluate your personality, character, and/or general fitness for professional study.)

FACULTY EVALUATION (To be completed only by a faculty member WHO HAS TAUGHT YOU IN A CLASS FOR WHICH YOU RECEIVED A GRADE and who can assess your academic promise for professional study based on their observation of your work in class.)

For the applicant:	
Before you give this form to your evaluator, you must:	
1. Type or print in black ink the requested information about yourself and your evaluator in the following blanks; 2. Indicate whether or not you waive your right of access to this evaluation.	
Applicant	Evaluator
Indiana University ID Number	Position and Organization
The Family Educational Rights and Privacy Act of 1974 gives you a right of access to an evaluation written about you, but also says that you may waive this right. Indicate whether or not you will waive your right for this evaluation by marking the appropriate sentence, signing and dating below.	
_____ I waive this right.	_____ I do not waive this right.
Applicant's Signature	Date

For the Evaluator: Please complete the form below and on the reverse side of this sheet.

1. In what capacity(ies) have you been associated with the applicant? _____
2. In what courses have you taught the applicant, if any? _____
3. How long have you known the applicant? _____

For FACULTY EVALUATORS only: Personal evaluators need not complete this grid.	Outstanding Top 5%	Excellent Next 10%	Good Next 25%	Average Next 20%	Below Average Bottom 40%	No Basis for Judgment
Reasoning Ability (analysis, insight, judgment, common sense)						
Independent Thinking (originality, creativity)						
Cooperation, Rapport, Sensitivity						
Maturity (awareness of own strengths and weaknesses, self-discipline, maintenance of grades)						
Motivation (persistence, conscientiousness, drive)						
Oral Communication Skills						
Written Communication Skills						
Manual and Digital Dexterity						

On separate, attached letterhead, please discuss any particular observations and/or reactions bearing upon this person's character and academic promise for admission to professional or graduate school.

For guidance as to content of letters, please see <http://hpplc.indiana.edu/pdf/rs/Eval%20Preparation%20Memo.pdf>.

Most applicants will send your evaluation to several professional programs—thus the letter should not refer to admission to one particular institution unless specifically requested by the applicant.

Please sign the evaluation letter as well as this form.

I recommend the applicant for graduate or professional school:	
_____	As an OUTSTANDING candidate
_____	As an EXCELLENT candidate
_____	As a GOOD candidate
_____	As an AVERAGE candidate (Applicant has one or more characteristics which may cause difficulty.)
_____	I CANNOT RECOMMEND the applicant
CHECK HERE if this letter may also be used in support of applications to other graduate programs, or for corporate or university affiliated internships and scholarships.	
_____	_____
Evaluator's Signature	Position (if faculty, also list your department)
_____	_____
Date	Organization or institution

Please return your signed evaluation **WITH THIS FORM** to:

Recommendation Service
Health Professions and Prelaw Center
Maxwell Hall 010
750 E. Kirkwood Avenue
Bloomington, IN 47405

(fax: 812.856.2770—be sure to include both sides of this form)

If you have questions, please contact the Health Professions and Prelaw Center via email at recserve@indiana.edu, or by telephone at 812.855.1873.

This form has been prepared by the Health Professions and Prelaw Center for use by Indiana University-Bloomington students participating in the graduate and professional school admissions process.