



Graduate School Evaluation Form

TO THE APPLICANT: This form should be given to a professor (or supervisor) under whom you have studied (or taught or worked) who is able to comment on your qualifications for graduate study. Type or print the first section yourself.

Name _____ Major Degree _____
Last First Middle

Address _____ City _____ State _____ Zip _____

Should you be admitted to the University of Florida, you would have the right as a student to review your permanent record, including this recommendation form. **However, some evaluators prefer not to complete recommendation forms unless they can be assured of the confidentiality of their comments. It is our opinion that comments provided on a confidential basis are likely to be of more help to us in judging important characteristics. Therefore, the University of Florida is affording you the option to waive your right to subsequent access to this recommendation form.** In any event, your application for admission will be given full consideration based on all the information accumulated in your application file, including this form, regardless of your decision on waiving your right of future review.

I do I do not waive my right of subsequent access to this recommendation form.

Applicant's Signature _____

Date _____

TO THE EVALUATOR: Please answer the questions on both sides of this form as completely as possible. Please type or print your answers.

1. How long have you known the applicant? _____

2. What is your relationship to the applicant? (check categories which are most appropriate)

Professional (indicate type) _____ Teacher Employer Other _____

3. Please rate the applicant's abilities in the following areas using the scale below:

Average or below	Good (above average)	Excellent (top 10%)	Outstanding (top 5%)	One of the top few I have encountered in my career	No basis for judgment
					Overall Intelligence
					Analytical Skills
					Independence of Thought, Originality
					Problem-Solving Skills
					Effectiveness of Oral Communication
					Effectiveness of Written Communication
					Academic Motivation, Industry, Persistence
					Self-Confidence
					Concern for Others
					Energy
					Emotional Maturity
					Personal Initiative
					Judgment
					Leadership Ability
					Organizational Skills

4. As a member of an admissions committee, how would you rate this applicant's potential for success in graduate studies?

- I highly recommend this applicant
- I recommend this applicant
- I recommend this applicant with some reservations
- I am not able to recommend this applicant

5. Use this space to expand on any of your ratings on the previous page or to comment on other aspects of the applicant's character and personality.

NAME OF EVALUATOR _____

TITLE _____

EVALUATOR'S ADDRESS:

City _____ State _____ Zip _____

Phone: (_____) _____

Signature _____ Date _____

PLEASE SIGN THE ENVELOPE ACROSS ITS SEAL AND RETURN COMPLETED FORM TO:

Program Assistant
Fisher School of Accounting
P.O. Box 117166
University of Florida
Gainesville, FL 32611-7166

THANK YOU FOR YOUR ASSISTANCE!

The University of Florida does not discriminate on the basis of age, race, color, national or ethnic origin, handicap, or sex in any aspects of its operations.