

UPPER DIVISION APPLICANT EVALUATION AND RECOMMENDATION

This section is to be completed by applicant (please print or type):

Last Name _____ *First Name* _____ *Middle Name* _____

WAIVER: I hereby waive my right to review this document as provided in the Buckley/Pell Amendment to the Family Education's Right and Privacy Act of 1974.

SIGNATURE: _____ **DATE:** _____

❖NOTE: The applicant has the right to review this document upon written request under the Family Education's Rights and Privacy Act as amended by the Buckley/Pell Amendment unless she/he waives, in writing her/his rights to review the document. The above named applicant has suggested that you can assist us in assessing his/her qualifications for study at Howard University. We desire your candid opinion of the candidate's intellectual and personal capabilities. Howard University is in compliance with Section 504 of the Rehabilitation Act and does not discriminate on the basis of handicap in admission or access to its programs. Please do not refer directly or indirectly to an applicant.

How long have you known the applicant and in what capacity? _____

Please use the scale below to rank the applicant's personal traits:

- (5) = Exceptionally High (4) = Above Average (3) = Average (2) = Below Average
 (1) = Poor (0) = No Basis for Evaluation

Personal Traits	5	4	3	2	1	0
1. Personal integrity.....						
2. Social and emotional maturity.....						
3. Ability to work with others						
Peers.....						
Administrators.....						
4. Potential for professional growth						
5. Leadership qualities.....						
6. Dependability.....						
7. Community involvement.....						
8. Communications skills						
Oral.....						
Writing.....						
9. Scholastic aptitude.....						
10. Perseverance toward goal attainment.....						

Indicate the strength of your overall endorsement by checking the appropriate box below.

- [] Not Recommended [] Recommended with reservation
 [] Recommended [] Highly Recommended

NAME _____

SIGNATURE _____

Please justify your ranking of the candidate in the above categories on the reverse of this form or attach a separate letter.

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Applicant's Name: _____

Your candid assessment of an applicant's ability to successfully complete a professional program is an important aspect of this evaluation. Please use this space to comment on and provide examples of the candidate's career potential, analytical ability, interpersonal skills, integrity and ethical behavior.

NAME

TITLE

SIGNATURE

DATE

INSTITUTION/ADDRESS

Please return by email to mneita@howard.edu