



Graduate School Evaluation / Recommendation Form

Applicant

Name of Applicant:		
<i>First</i>	<i>Middle initial</i>	<i>Last</i>
Degree Program of Interest:		

Please complete the information above before giving this form to the evaluator.

Note: Evaluations should be completed by persons who are able to assess your performance in an academic or work setting. Read the statement below, and if you choose, sign where indicated before giving this form to the evaluator.

The Family Educational Rights and Privacy Act of 1974 entitles student records to be open for students' inspection. The law also permits a student to sign a waiver relinquishing his/her right to inspect letters of evaluation. The applicant's signature below constitutes a waiver signifying that the evaluation will remain CONFIDENTIAL, meaning the student will not have access to the evaluation. No signature means that the applicant will have the right to read this evaluation.

I hereby waive my right of access to this recommendation under the Family Educational Rights and Privacy Act.

Applicant's signature: _____ Date _____

Evaluator

Please complete the information requested on both sides of this form. The Admission Committees attach considerable weight to an evaluator's assessment of an applicant. Therefore, please provide your candid assessment of the applicant's preparation, motivation, and capacity for graduate study and potential for becoming successful in his/her chosen field. If you need to use additional sheets of paper, please attach them to this form. Evaluators for MAGIS and Christian Spirituality applicants are required to attach a letter of recommendation. Your assessment will be held completely confidential provided the applicant has signed the statement above.

Evaluator's Name: _____		Position/Title: _____
<i>First</i>	<i>Last</i>	
Evaluator's Employer: _____		
<i>Name</i>	<i>City</i>	<i>State/Country/Zip</i>
Evaluator's Business Telephone Number: (_____) _____ or Email: _____		
<i>Note: Evaluator will be contacted only if more information or clarification of evaluation is needed.</i>		
Evaluator's Signature: _____		Date: _____

Knowledge of Applicant

How long have you known the applicant? _____ Years _____ Months	How well do you know the applicant? <input type="checkbox"/> Very well <input type="checkbox"/> Moderately well <input type="checkbox"/> Slightly	In what capacity do you know the applicant? <input type="checkbox"/> Professor/Instructor <input type="checkbox"/> Employer/Supervisor <input type="checkbox"/> Colleague/Co-worker <input type="checkbox"/> Academic Advisor <input type="checkbox"/> Other (specify): _____
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-Continued-

Please rate the applicant compared to his/her peers on the following abilities and traits.

	Excellent/ Outstanding	Above Average	Average/ Good	Below Average/Fair	Not Satisfactory	Insufficient Opportunity to Observe
<i>Character and Personality</i>						
Maturity/Poise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability/Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Moral qualities/Ethical standards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative, self-reliance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Persistence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work effectively with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work under pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Intellectual Capacity</i>						
Retention of information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Analytical ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Judgment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to problem solve	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aptitude for graduate work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Technical Ability – Laboratory Performance</i>						
Demonstrated competence in area of professional or academic specialization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Communication Skills</i>						
Oral Communication Skills - English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written Communication Skills - English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What are the applicant's principal areas of strength?

What are the applicant's areas of weakness?

What is your overall evaluation of the applicant's ability for graduate work and potential for becoming responsible and successful in her/his chosen field?

Graduate School Programs – please fax, mail, or deliver form to:

Graduate School
Creighton Hall, Room 132
Creighton University
2500 California Plaza
Omaha, NE 68178
Fax: (402) 280-2899

Graduate Business Programs (MBA, MSAPM and IT)
please fax, mail, or deliver form to:

Graduate Business Programs
College of Business Administration, Room 212
Creighton University
2500 California Plaza
Omaha, NE 68178
Fax: (402) 280-2172