

Faculty Evaluation

TO THE APPLICANT: Fill in the information below.

Social Security No. _____
(optional)

Student name: _____
Last/Family First Middle (complete) Jr., etc.

Address: _____
Number and Street City or Town State Country Zip Code + 4 or Postal Code

School you now attend: _____ CEEB/ACT code: _____

TO THE PROFESSOR:

Amherst College finds candid evaluations helpful in choosing from among highly qualified candidates. We are primarily interested in whatever you think is important about the applicant's academic and personal qualifications for college. Please submit your references promptly. A photocopy of this reference form, or another reference you may have prepared on behalf of this student is acceptable. You are encouraged to keep the original of this form in your private files for use should the student need additional recommendations. We are grateful for your assistance.

CONFIDENTIALITY:

We value your comments highly and ask that you complete this form in the knowledge that it may be retained in the student's file should the applicant matriculate at a member college. In accordance with the Family Educational Rights and Privacy Act of 1974, matriculating students do have access to their permanent files which may include forms such as this one. Colleges do not provide access to admissions records to applicants, those students who are denied admission, or those students who decline an offer of admission. Again, your comments are important to us and we thank you for your cooperation. These colleges are committed to administer all educational policies and activities without discrimination on the basis of race, color, religion, national or ethnic origin, age, handicap, or sex. The admissions process at private undergraduate institutions is exempt from the federal regulation implementing Title IX of the Education Amendments of 1972.

Please detach along perforation

Professor's Name (please print or type): _____ Position: _____

College: _____

College Address: _____

Professor's Phone: (_____) _____ Professor's e-mail: _____
Area Code Number Ext.

BACKGROUND INFORMATION

How long have you known this student and in what context? _____

What are the first words that come to your mind to describe this student? _____

List the courses you have taught this student, noting for each the student's year in school and the level of course difficulty.

EVALUATION

Please feel free to write whatever you think is important about this student, including a description of academic and personal characteristics. We are particularly interested in the candidate's intellectual promise, motivation, relative maturity, integrity, independence, originality, initiative, leadership potential, capacity for growth, special talents, and enthusiasm. We welcome information that will help us to differentiate this student from others.

RATINGS

Compared to other students you are teaching, how do you rate this student in terms of:

	No basis	Below Average	Average	Good (above average)	Very Good (well above average)	Excellent (top 10%)	One of the top few encountered in my career
Creative, original thought							
Motivation							
Self-confidence							
Independence, initiative							
Intellectual ability							
Academic achievement							
Written expression of ideas							
Effective class discussion							
Disciplined work habits							
Potential for growth							

Signature _____ Date _____