



SCHOOL OF PUBLIC HEALTH LETTER OF EVALUATION

University of Illinois at Chicago • 1601 West Taylor-street (MC 922) • Chicago, Illinois 60612-4310 • (312) 996-6620

The applicant must complete and sign the following statement before submitting this form to the recommender. This request is in compliance with Federal Law P.L. 93-380 (Family Educational Rights and Privacy Act of 1974).

- I waive my right of access to this letter of evaluation.
- I do not waive my right of access to this letter of evaluation.

Applicant's Signature _____ Social Security Number _____ Date _____

(Please print) Applicant's last name _____ First _____ Middle _____

EVALUATION SUMMARY SHEET TO BE COMPLETED BY EVALUATOR

How well do you know the applicant? Very well Fairly well Minimally Not at all

How long have you known the applicant? _____

Identify the capacities in which you have been associated with the applicant. Instruction Lecture Laboratory Seminar
 Undergraduate academic advising Graduate academic advising other _____

MOTIVATION FOR GRADUATE STUDY AND RESEARCH

- Exceptionally good Good; no major weaknesses Poor Inadequate opportunity to observe
- Weak in some respects, such as _____

COMMUNICATION	Poor expression	Verbose	Accurate and appropriate	Inadequate opportunity to observe
Oral	_____	_____	_____	_____
Written	_____	_____	_____	_____

Oral _____
Written _____

Comments _____

WORK HABITS Works at full capacity Works well; has reserve capacity Satisfactory, but not best
 Inclined to "get by" Inadequate opportunity to observe

INTEGRITY Appropriate Poor Inadequate opportunity to observe Difficulties, such as _____

PERSONALITY Satisfactory Objectionable Inadequate opportunity to observe

MATURITY Will mature well Mature Immature Inadequate opportunity to observe

PERSONAL RELATIONS	Excessive attention "too eager"	Entirely appropriate	Minor difficulties	Poor	Inadequate opportunity to observe
With students in class	_____	_____	_____	_____	_____
With faculty	_____	_____	_____	_____	_____
In housing	_____	_____	_____	_____	_____
Social	_____	_____	_____	_____	_____

With students in class _____
 With faculty _____
 In housing _____
 Social _____

Comments _____

(Please complete reverse side.)

In addition to the rating on the front, please give your evaluation of and personal reaction to the applicant. You may wish to amplify some of your responses to the areas identified on the front of this form-

- (1) My recommendation of this applicant to the School of Public Health is: Very Strong Moderate Marginal
- (2) I do not recommend.

Please print your name _____
Signature _____ Date _____
Position _____ Institution _____