Name of Applicant (type	e or print)	_			
LAST NAME	FIRST NAME	MIDDLE INITIAL	SSN		
form in your admission across the sealed flap. requirement for confic Educational Manageme and Privacy Act of 1974	nen completed and returned portfolio signed by the evalua Evaluation forms and/or lett dential recommendation. You ent and Development Depart 4). We request, but do not rechoose to waive your right of	tor and sealed in an envelope ters of recommendation, whe or applicant evaluation form tement unless you waive this re equire, that you waive your r	with the evalua hich are open ms must be ac right of access (right of access i	tor's signature and the d or unsealed, do not ccessible to you if you (see the Family Education	late written satisfy our u enroll in onal Rights
SIGNATURE OF APPLICA	ANT	DATE			
In order to exp to enclose the Applica evaluator and sealed to use another page if y We feel a deep students are academica have the commitment	edite processing of the many nt Evaluation Forms with th in an envelope with the evaluation need additional space. It is sense of responsibility to the ally well qualified, that they to to complete successfully to in helping us to make the fit	applications received by the open control of a possess a reputation for the rigorous program of documents.	department eac admission. The ate written acro ion profession ruth, honesty, ctoral study he	th year, we now require to be reasonably certa and social justice, and the second results of the second result	candidates ed by the use feel free in that our If that they wely on the
How long have you kno In what capacity	own this applicant??				
Do you believe that the educational administrat	applicant has the necessary p tion?	ersistence to complete a rigo	rous program o	of doctoral studies in	
decidedly	probably	doubtfu	ully	no	
What do you perceive a	s strengths in this individual, a	academic or otherwise?			

o you know of any special circums tudies?	stances that shou	uld be considered in	evaluating the likelih	ood of the applica	nnt's success in do	octoral	
lease evaluate the applicant in	the following ca	ategories by check	ing the appropriate	boxes.			
	Exceptional (Top 5%)	OutstandinG (Top 6-15%)	Above Average (Top 16-25%)	Average (Top 26-50%)	Below Average (Bottom 50%)	Not Applicabl	
. Analytical reasoning skills				\bigcirc		\bigcirc	
. Writing ability						\bigcirc	
. Oral communication						\bigcirc	
. Independence of thought							
. Judgment							
. Initiative							
. Dependability						\bigcirc	
. Leadership				\bigcirc	\bigcirc	\bigcirc	
omments: Please use this space to re observations on the candidate's oints of view, and apply common :	ability to unders	tand difficult probler	ms, use imaginative thi	inking in approach			
ame of reference (type or print)			Phone:				
Organization/Institution		Title:					
ddress							
Street		City	Sta	ate	Zip Code		
ignature of Reference				Date			

Please return directly this form directly to the applicant