

# Professor Evaluation

**Student  
Information**

Type or print

Last name	First name	Middle name	Social Security Number
Street Address	City	State	Zip
Telephone			

**Professor  
Information**

Name of Professor	Faculty Department
Telephone	
Title(s) of course(s) taught	

**Summary**

Please write a summary of appraisal of the candidate, assessing academic and personal qualities and promise as a Holy Cross student. Please return to the Admissions Office, College of the Holy Cross, 1 College Street, Worcester, MA 01610.

Signature	
Please print name	Date