

College Professor/ Academic Advisor Recommendation

Saint Mary's College Notre Dame, IN

APPLICANT: Please type or print in ink.

APPLICANT'S LAST NAME	FIRST NAME	MIDDLE NAME
NUMBER AND STREET		
CITY	STATE	ZIP

Please indicate your decision by checking below before giving to evaluator.

- This evaluation is to be considered non-confidential. The evaluation may be shown to me upon request.
- This evaluation is to be considered confidential. I hereby waive my right to review under the provisions of the Family Educational Rights and Privacy Act of 1974, and I understand that the contents of this evaluation will not be available for any inspection now or at any time in the future.

SIGNATURE OF APPLICANT	DATE
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RECOMMENDER: Please type or print in ink.

The following questions suggest the type of information the Admission Committee has found helpful in the past; however, the Committee welcomes your assessment of the applicant in any format you consider most useful. Please mail to: Office of Admission, Saint Mary's College, Notre Dame, Indiana 46556.

RECOMMENDER'S LAST NAME	FIRST NAME	MIDDLE NAME
POSITION	ACADEMIC DEPARTMENT (IF APPLICABLE)	
COLLEGE/UNIVERSITY	CEEBS CODE #	
RECOMMENDER'S E-MAIL ADDRESS	() OFFICE TELEPHONE	
NUMBER AND STREET		
CITY	STATE	ZIP



(CONTINUED ON BACK)

COLLEGE PROFESSOR /ACADEMIC ADVISOR RECOMMENDATION

1) How long have you known the applicant? _____

2) In what capacity have you known this applicant? College Professor Academic Advisor

Comments: _____

3) Is this student eligible to return to your institution? _____

4) How would you evaluate this student's academic progress? Excellent Very Good Good Fair Poor

Comments: _____

5) If you wish, please make any additional statements: _____

6) Based on the above comments, I rate this candidate for admission as follows:	<input type="checkbox"/> Not Recommended	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent	<input type="checkbox"/> One of the best students I have encountered
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For academic promise:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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For personal characteristics:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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SIGNATURE OF EVALUATOR

DATE