Part 3 Faculty Evaluation Transfer



Canton, New York 13617 315-229-5261 • 800-285-1856 • FAX 315-229-5818 E-Mail: admissions@stlawu.edu

Student

| Student name | | First | | Middle | | |
|--|---|-----------------------|------------------------------------|---|--|--|
| AddressStreet | | City | State | | | |
| College currently attending | | | State | Zip | | |
| conege currently attending | | | | | | |
| Deadline (please check): Sp | pring - November 1 🗖 all - April 1 🗖 | | | | | |
| Professor | | | | | | |
| this reference form, or anoth | er reference you may have | prepared on behalf of | f this student is acceptable. We | qualifications. A photocopy of are grateful for your assistance | | |
| | | | y Amendment), confidential m | | | |
| concern about review by other | | | function. Therefore, a full and of | candid report is possible without | | |
| concern about review by oth | er than professional admiss | sions people. | | candid report is possible without | | |
| concern about review by oth | er than professional admission or type) | sions people. | | | | |
| Professor's Name (please pri | er than professional admissint or type) | sions people. | Position | | | |
| Professor's Name (please printstitution Institution's Address Street | er than professional admissint or type) | City | Position | Zip | | |
| Professor's Name (please pri | er than professional admissint or type) | City | Position | | | |
| Professor's Name (please printed institution Institution's Address Street E-mail: | er than professional admissint or type) | City | Position | Zip | | |
| Professor's Name (please printed institution Institution's Address E-mail: How long have you known the | er than professional admission or type) his student and in what con | City | PositionState Telephone: (| Zip | | |
| Professor's Name (please printed institution Institution's Address E-mail: How long have you known the | er than professional admission or type) his student and in what con | City | Position State Telephone: (| Zip | | |
| Professor's Name (please printstitution Institution's Address E-mail: How long have you known the street words that | er than professional admission into r type) his student and in what cont come to your mind to describe | City | Position State Telephone: (| Zip | | |
| Professor's Name (please printed institution Institution's Address E-mail: How long have you known the | er than professional admission into r type) his student and in what cont come to your mind to describe | City | Position State Telephone: (| Zip | | |
| Professor's Name (please printstitution Institution's Address E-mail: How long have you known the street words that | er than professional admission into r type) his student and in what cont come to your mind to describe | City | Position State Telephone: (| Zip | | |

Please return the completed form to:

Dean of Admissions

St. Lawrence University Canton, New York 13617-1475

Thank you for your assistance.

| We are particula | to write whatever you think is im rly interested in the candidate's in potential, capacity for growth, spe ers. | ntellectual prom | ise, motivation, | relative maturity, | integrity, indepe | ndence, origin | ality, initia- |
|------------------|--|-------------------|--------------------|--------------------|--------------------------|----------------|------------------------|
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| Compared to oth | ner students in his or her class, ho | ow do you rate th | nis student in ter | ms of: | | | |
| • | , | · | | | | | One of |
| | | Below | | Good (above | Very Good (well above | Excellent | top few encountered |
| No basis | | Average | Average | average) | average) | (top 10%) | 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 | | | | | | |
| | | | | | | | |

_____Date _____

Signature____