EVALUATION OF APPLICANT FOR ADMISSION GRADUATE PROGRAMS IN PHYSICS AND FINANCIAL ASSISTANCE

Department of Physics Arizona State University

| Name of Applicant | (please print) | | | |
|---------------------|--------------------------|---|----------------------------------|------------------|
| | | Surname (FAMILY) | First | MI |
| Graduate Program | : MS MNS | PhD Professional Science Masters (PS | SM) | |
| To begin: Fall | Spring Semester, | 20 | | |
| APPLICANT: For | this evaluation to be co | onfidential (you will not have access to it), you | must sign and date the following | lowing waiver: |
| | | the Family Educational Rights and Privacy Acvailable to me now or at any future time. | et of 1974, as amended and | I understand tha |
| | | Applicant Signature | | Date |
| If | not, the candidate ha | candidate has signed the waiver to permit CO as the RIGHT OF ACCESS to this information iled directly by the respondent to: | | |
| | | Arizona State University Division of Graduate Studies Administration B-Wing, Room 170 P.O. Box 871003 Tempe, Arizona 85287-1003 USA | | |
| 1 | | | | |
| 100% OUTSTANDING | 75% GOOD | 50% AVERAGE | 25% BELOW AVERAGE | 0% POOR |
| 1. Please give an | n overall rating of app | plicant on the scale above. | | |
| Other commo | ents: | | | |
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| 2. | Please describe the nature and extent of your contact with the applicant. |
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| | |
| 3. | Please summarize your assessment of the applicant's strengths and weaknesses in academic ability, promise for advanced work and character. |
| | |
| 4. | Would you comment on the applicant's ability to instruct students in a classroom/laboratory setting. |
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| | |
| 5. | If the applicant's native language is not English, we would appreciate your opinion of his or her English speaking and listening ability. |
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| | |
| Nam | ne of Respondent (print or type) |
| | tion or Title Telephone |
| Insti | tution |
| Addı | |
| | |
| Resp | pondent Signature (required) Today's Date Updated 10/31/00 |