

letter of evaluation

Name of applicant: _____

Under the Family Educational Rights and Privacy Act of 1974, students enrolled at Washington University have access to their admission records, including letters of evaluation. However, applicants may waive their right to see letters of evaluation, whereupon such letters will be held in confidence.

I waive my right to access.

I do NOT waive my right to access.

Applicant's Signature _____

Date _____

Evaluation

Please rate the applicant in comparison to other persons you have known who have attained a similar level of academic or work-related experience.

	EXCEPTIONAL*	TOP 10%	TOP 25%	TOP 50%	LOWEST 50%	UNABLE TO JUDGE
Past Academic/Studio Performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation/Work Habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Verbal Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Evaluation of this Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* Among the best 2 or 3 students you have known

What is your estimate of the applicant's potential to do graduate studies? Please indicate how long and in what capacity you have known this student. Use the back of this form or attach additional page(s). Evaluations are to be submitted in a sealed and endorsed envelope sent directly from the evaluator to the Graduate School of Art.

Signature of evaluator _____ Date _____

NAME AND POSITION _____

INSTITUTION OR FIRM _____

STREET _____

CITY _____ STATE _____ ZIP _____ COUNTRY _____

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Graduate School of Art
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