

APPLICANT EVALUATION

<u>TO THE APPLICANT</u>: Complete information requested below.

	Last	First	Middle Initial
Address:			
Phone: ()		
Email:			
Area of Conce	ntration:		
Z Number:			
I do / do not appropriate)	waive my right under t	the law to review this evalu	ation (cross out as

Applicant's Signature

Date

TO THE RESPONDENT: The applicant indicated above is seeking admission into the Ph.D. Program in Business Administration. Our program is primarily designed to prepare graduates to assume university faculty positions. To help us evaluate the applicant. We would appreciate your candid answers to the questions on the following pages. Please compare the applicant against others of similar age and academic and/or professional background. Thank you for your cooperation.

Section I

1. In what capacity have you known the applicant?

() As an undergraduate student

() As a graduate student

() As a research or teaching assistant

() Other: _____

2. When did you first meet the applicant? _____, ____,

3. When was your last contact with the applicant? ______, _____,

4. How well do you feel you know the applicant?

() somewhat () reasonably well () very well

Section II

1. Please provide us with your evaluation of the applicant in terms of the following characteristics:

	Exceptional Top 5%	Excellent Top 10%	Very Good Top 35%	Average Top 50%	Below Avg. Lower 50%	Can't Say (n/a)
Intellectual Capacity	()	()	()	()	()	()
Creativity & Imagination	()	()	()	()	()	()
Motivation	()	()	()	()	()	()
Self-confidence	()	()	()	()	()	()
Oral Comm. Skills	()	()	()	()	()	()
Written Comm. Skills	()	()	()	()	()	()

Analytic Ability	()	()	()	()	()	()
Judgment	()	()	()	()	()	()
Ability to Work with Others	()	()	()	()	()	()
Initiative	()	()	()	()	()	()
Scholarly Dedication	()	()	()	()	()	()
Organizational / Planning Abilities	()	()	()	()	()	()

2. Indicate below the population against which you are rating the applicant (e.g. graduate students, professional colleagues).

Section III

Please provide us with your general evaluation of the applicant's growth potential, professional commitment, general personal qualities, and unique abilities, which would help the committee assess the applicant. Please continue on the reverse side of this form or attach an additional sheet, if necessary.

Section IV

Respondent's Name: _			
	Last	First	Middle Initial
Respondent's Title:			
Respondent's Instituti	on/Organization:		
Address:			
Respondent's Signatur	re:		
Date:			

Thank you for your assistance.

PLEASE RETURN THIS FORM DIRECTLY TO:

Ph.D. Program in Business Administration Florida Atlantic University Graduate Programs Office Fleming Hall West 101B 777 Glades Road Boca Raton, FL 33431

Or : Attach Form to Email: <u>BusinessPhD@fau.edu</u>