

Date

TO THE APPLICANT

After completing all the relevant questions below, give this form to an instructor who has taught you a full-credit college class. If applying via mail, please also give that instructor stamped envelopes addressed to each institution that requires a College Instructor Evaluation.

Legal Name				First/Oires	Middle (complete)		○ Female ○ Male	
	Last/Family/Sur	(Enter name exactly as it appear	rs on otticial documents.)	First/Given	Middle (complete)	Jr., et	<i>.</i>	
Birth Date			C	AID (Common App ID)				
		mm/dd/yyyy						
Address								
	Number & Street	Apartment #	City/Town	County or Parish	State/Province	Country	ZIP/Postal Code	
College or i	university you now	v attend		CEE	B/ACT Code			
oonogo or t								
Education I further officials	onal Rights and Pr authorize the adn at my current and	ivacy Act (FERPA) so that my nission officers reviewing my d former schools should they	application may be revie application, including se have questions about the	wed by The Common A asonal staff employed e school forms submitte	,	(s) to which I an ting applicatior	m applying. ns, to contact	
I understand that under the terms of the FERPA, after I matriculate I will have access to this form and all other recommendations and supporting documents submitted by me and on my behalf, unless at least one of the following is true:								
		t save recommendations post ess below, regardless of the ir		11 0	g/FERPA).			
⊖ No, I	do not waive my		meday choose to see this	s form or any other rec	endations submitted by me or ommendations or supporting c te.			

Required Signature 🖄

TO THE INSTRUCTOR

The Common Application membership finds candid evaluations helpful in choosing from among highly qualified candidates. You are encouraged to keep this form in your private files for use should the student need additional recommendations. Please submit your references promptly, and remember to sign below before mailing directly to the college/university admission office. *Do not mail this form to The Common Application offices.*

nstructor's Name (Mr./Mrs./Ms./Dr.)		Subject Taught				
	Please print or type					
Signature_				Date		
-				bddsmm/dd/yyyy		
College or University						
Sahaal Address						
School Address	City/Town	State/Province	Country	ZIP/Postal Code		
nstructor's Telephone ()		Instr	ructor's E-mail			
Area/Country/City Code	Number	Ext.				
Background Information						
low long have you known this student and in what	context?					
Nhat are the first words that come to your mind to o	describe this student?					
-						
List the courses you have taught this student, noting (100-level, 200-level, etc.).	J for each the student's year	in school (first-year, sopl	homore, etc.) and the le	evel of course difficulty		

Ratings Compared to other students to whom you have taught this class, how do you rate this student in terms of:

No basis		Below average	Average	Good (above average)	Very good (well above average)	Excellent (top 10%)	Outstanding (top 5%)	One of the top few l've encoun- tered (top 1%)
	Academic achievement							
	Intellectual promise							
	Quality of writing							
	Creative, original thought							
	Productive class discussion							
	Respect accorded by faculty							
	Disciplined work habits							
	Maturity							
	Motivation							
	Leadership							
	Integrity							
	Reaction to setbacks							
	Concern for others							
	Self-confidence							
	Initiative, independence							
	OVERALL							

Evaluation Please write whatever you think is important about this student, including a description of academic and personal characteristics, as demonstrated in your classroom. We welcome information that will help us to differentiate this student from others. (Feel free to attach an additional sheet or another reference you may have prepared on behalf of this student.)