

faculty evaluation and recommendation form

SUBMIT TO: SIMMONS COLLEGE OFFICE OF UNDERGRADUATE ADMISSION 300 THE FENWAY BOSTON, MA 02115-5898
TEL: 617-521-2051 800-345-8468 FAX: 617-521-3190 EMAIL: UGADM@SIMMONS.EDU WEBSITE: WWW.SIMMONS.EDU

TO BE COMPLETED BY APPLICANT

Applicant Information

Applicant: After filling in your name and address below, please ask a faculty member whose class you have taken to complete the remainder of the form and mail directly to the Simmons College Office of Undergraduate Admission. Please provide the faculty member with a stamped envelope addressed to Simmons College.

I am applying as a transfer student for entry in:

- Fall (deadline: April 1)
 Spring (deadline: December 1)

Name _____
last first middle

Home address _____
street apt. or p.o. box number

city state zip

Home telephone _____ Cell phone number _____

Email address _____ Date of birth _____
month day year

College or university name _____

Under the provisions of the Family Educational Rights and Privacy Act,

- I waive my right of access to this recommendation.
 I retain my right of access to this recommendation.

signature _____ date _____

TO BE COMPLETED BY A PROFESSOR

The Admission Committee finds candid evaluations very helpful in assessing an applicant's potential for success at Simmons. We are particularly interested in the applicant's academic performance in your classroom. Thank you for your help.

Professor's name _____

Subject _____

Complete college or university name _____

College or university address _____
street city state zip

Telephone _____ Cell phone number _____

Email address _____ Fax number _____

BACKGROUND INFORMATION

How long have you known this student and in what context? _____

What are the first words that come to your mind when describing this student? _____

RATINGS

Compared to other college students whom you have taught, how does the applicant rate in terms of academic skills and potential? Please mark the appropriate boxes below:

no basis	below average (lowest 40%)	average (middle 20%)	good (next 20%)	very good (top 20%)	excellent (top 10%)	outstanding (highest 1%)
<input type="checkbox"/> Creative, original thought	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Independence, initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Intellectual ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Academic achievements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Written expression of ideas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Effective class discussion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Disciplined work habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Potential for growth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Overall evaluation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

EVALUATION

Please write below what you think the Admission Committee should know about this student. Include a description of academic and personal characteristics. We welcome information that will help us to differentiate this student from others you have known.

OPTIONAL SECTION

I recommend this student with reservation fairly strongly strongly very strongly

SIGNATURE

Submitted by

signature

date