

THE UNIVERSITY OF TENNESSEE, KNOXVILLE  
THE GRADUATE SCHOOL  
RATING FORM

TO THE APPLICANT: Refer to the major and degree programs chart in the *Graduate Catalog* to determine if this rating form is needed for the particular program to which you are applying and, if so, the number of copies required. If more than one form is required, you may photocopy this form or request additional forms from the department.

Distribute copies of this form to persons familiar with your academic qualifications and with your plans for graduate study. Provide a stamped envelope, addressed to

Audiology and Speech Pathology  
458 South Stadium Hall  
The University of Tennessee, Knoxville  
Knoxville, TN 37996-0740

TYPE OR PRINT THE FOLLOWING INFORMATION:

Applicant Name \_\_\_\_\_ SSN/ID# \_\_\_\_\_  
Last First Middle

Mailing Address \_\_\_\_\_  
\_\_\_\_\_

Present Occupation \_\_\_\_\_ Employer/Institution \_\_\_\_\_

Degree Sought \_\_\_\_\_ Major \_\_\_\_\_

Expected Date of Entry \_\_\_\_\_ Concentration within Major \_\_\_\_\_

Name of Evaluator \_\_\_\_\_

I hereby  waive  do not waive the right to examine this evaluation.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

TO THE EVALUATOR: The person named above has applied for admission to graduate study at the University of Tennessee, Knoxville and has asked you to evaluate his/her ability to do graduate work. If the applicant has not waived the right to review this rating form, you should consider it non-confidential, and you may return the form uncompleted.

1. How long have you known the applicant and in what capacity? (Give dates, if possible.)

\_\_\_\_\_  
\_\_\_\_\_

2. Estimate of Potential: (Use Outstanding, Above Average, Average, or Below Average)

As a Degree Candidate \_\_\_\_\_ ; as a Teacher \_\_\_\_\_ ; as a Researcher \_\_\_\_\_

\_\_\_\_\_

3. Recommendation concerning admission (check one):

- \_\_\_\_\_ I recommend the applicant with confidence.
- \_\_\_\_\_ I recommend the applicant with reservation. (Please explain in Item #7.)
- \_\_\_\_\_ I do not recommend the applicant. (Please explain in Item #7.)

4. (For teachers of applicant only.) I would rank this applicant in the top \_\_\_\_\_ % of approximately \_\_\_\_\_ undergraduates or \_\_\_\_\_ graduate students I have taught in the past \_\_\_\_\_ years.

5. Please rate the applicant in each area listed below in comparison with others you have known:

	UPPER 5%	UPPER 10%	UPPER 25%	UPPER 50%	LOWER 50%	NO BASIS TO JUDGE
Intellectual Ability						
Oral Expression						
Written Expression						
Motivation/Initiative						
Cooperation						
Emotional Maturity						
Dependability						
Creativity						
Ability to Work with Others						
Ability to Reason						
Overall Potential						

6. Please provide an additional assessment of the applicant's potential for success in graduate school. Include any particular strengths and/or weaknesses. We will appreciate your candid appraisal. Attach another sheet, if necessary.

(Please Print or Type)

Signature: \_\_\_\_\_ Name: \_\_\_\_\_

Position: \_\_\_\_\_ Date: \_\_\_\_\_

Company or Institution: \_\_\_\_\_ Phone: \_\_\_\_\_

THANK YOU.