

**THE UNIVERSITY OF TENNESSEE
GRADUATE 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

Master of Public Health
The University of Tennessee
1914 Andy Holt Avenue • Knoxville, TN 37996-2710

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 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 #6.)

_____ I do not recommend the applicant. (Please explain in Item #6.)

OVER
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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.