

6. WHAT IS YOUR VIEW OF THE APPLICANT'S POTENTIAL FOR SUCCESSFULLY COMPLETING A GRADUATE PROGRAM?

- ____ EXCELLENT
- ____ VERY GOOD
- ____ GOOD
- ____ POOR

7. PLEASE RATE THE APPLICANT ON THE SCALE BELOW.

OUTSTANDING GOOD FAIR POOR

- INTEGRITY
- COOPERATION
- COMMUNICATION SKILLS
- RESPONSIBILITY
- MATURITY
- LEADERSHIP
- INTELLIGENCE
- MOTIVATION

8. PLEASE FEEL FREE TO MAKE ANY OTHER STATEMENTS RELEVANT TO THE APPLICANT'S CAPACITY TO DO GRADUATE WORK.

EVALUATOR'S NAME: _____

TITLE, GRADE OR RANK AND DEPARTMENT: _____

INSTITUTION/BUSINESS/COMPANY: _____

ADDRESS: _____

EVALUATOR'S SIGNATURE: _____

SEND COMPLETED FORM TO: GRADUATE COORDINATOR, SCHOOL OF EDUCATION, LAKE SUPERIOR STATE UNIVERSITY, SOUTH HALL, SAULT STE. MARIE, MI 49783.