

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		(Enter name exactly as it appea	ro on official documenta)	First/Given	Middle (complete)	Jr., et	⊖ Female ○ Male	
	Last/Failiny/Sui	(Enter name exactly as it appear	is on onicial documents.)	FIISt/GIVEII	widule (complete)	JI., el	С.	
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			
oonege or t								
IMPORTANT PRIVACY NOTE: By signing this form, I authorize all schools that I have attended to release all requested records covered under the Federal Educational Rights and Privacy Act (FERPA) so that my application may be reviewed by The Common Application member institution(s) to which I am applying. I further authorize the admission officers reviewing my application, including seasonal staff employed for the sole purpose of evaluating applications, to contact officials at my current and former schools should they have questions about the school forms submitted on my behalf.								
		my behalf, unless at least one				a supporting ut	Journents	
		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 reco	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.*

Instructor's Name (Mr./Mrs.	/Ms./Dr.)		Subject Taught				
	·	Please print or type					
Signature 🕙					Date		
-					butomm/dd/yyyy		
College or University							
School Address	Number & Street	City/Town	State/Province	Country	ZIP/Postal Code		
nstructor's Telephone ()		Inst				
Area/	Country/City Code	Number	Ext.				
Background Information	on						
low long have you known	this student and in what	context?					
What are the first words that	at come to your mind to	describe this student?					
	-						
List the courses you have ta (100-level, 200-level, etc.).		g 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.)