Please complete the following and return directly to the student’s advisor

Grade student received in your courses: Course No. and Name       Grade

_________________________________________   ____

_________________________________________   ____

_________________________________________   ____

Based upon any experiences you have had with this student, please rate the following on a 1-5 scale (1 – lowest, 5 – highest).

RATING

_____  1.   Capability of completing work in the program specialization.

_____  2.   Degree of fit between student ability/interests and program specialization.

_____  3.   Organizational/time management skills.

_____  4.   Writing skills.

_____  5.   Potential for contributing to the discipline in specialization area (Primarily for Ph.D. candidates).

_____  6.   In your opinion, should this student be admitted to candidacy in the program specialization (Yes, No, or comment below).

COMMENTS

Evaluator’s signature ___________________________ Date ____________________

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