

HDFS Doctoral Preliminary Evaluation
CONFIDENTIALITY STATEMENT

Student's Name _____ Ph.D. Student

Name of Student's Academic Advisor _____

List professors who can evaluate you academically:

<u>Professor's name</u>	<u>Course name / Assistantship type</u>	<u>Semester</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I agree () do not agree () that diagnostic statements solicited with respect to my admission to candidacy for the Doctoral degree may be kept confidential. If I agree, I understand that such statements may not be released to me at a later date without the expressed permission of those who wrote them. I further understand that if I do not agree to the confidentiality of the diagnostic statements, this will not in itself disqualify me from being considered for continuation in my degree program.

Student's Signature

Date