AIIAS GRADUATE PERSONAL EVALUATION (RECOMMENDATION) FORM



Name of Applicant:							
		(Туре	or print)			_	
Degree program for which application	has been mad	de:					
TO THE APPLICANT: Please fill out least one form should be filled out by return these forms to us immediately? Please do not ask relatives to complete	, a college te since we will	acher and a	nother by a v	vork superviso	r or religion minis	ster. Urge them to	
TO THE EVALUATOR: To evaluate the applicant considers that you are program successfully. Please rate the Because we need your candid apprais available to the applicant. Kindly return your cooperation.	in a position nis applicant al, we will m	to make jud in comparis ake every ef	gments of value on with other fort to mainta	lue regarding l persons you in confidential	his/her abilities to know of similar lity. This evaluati	pursue a graduate age and situation. on form will not be	
AIIAS would appreciate a confidential	assessment fr	om you conc	erning this ap	plicant:			
How long have you known thIn what capacity have you kn		icant?				_	
Check (\checkmark) the appropriate box to rate characteristics listed:	the applicant	in comparisc	on with other s	students at the	same level on ea	ch of the	
QUALIFICATIONS	Excellent (Upper 5%)	Superior (6-15%)	Good (16-25%)	Average (26-50%)	Below Average (Below 50%)	No Basis for Evaluation	
Motivation for graduate work	2.10)				(= 0.011 0 0.10)		
Intellectual ability for graduate work							
Breadth of general knowledge							
Understanding of major field							
Ability to analyze ideas							
Ethical standards and integrity							
Oral English expression skills							
Written English expression skills*							
Promise in							
research/scholarship/endeavor Overall, I expect the applicant's							
graduate work to be:							
For applicants whose first language is in the use of English:	not English, p	lease comme	ent further reg	arding your ju	dgment of the ap	plicant's proficiency	
Please provide your candid assessmen does the applicant possess the acaden						In your opinion,	
Signature of Evaluator			Dat≏				
Signature of Evaluator Date Institution							
				Address			

PLEASE RETURN THIS FORM TO AIIAS ADMISSIONS & RECORDS OFFICE