

University of Washington
Department of Mechanical Engineering

EVALUATION FORM FOR PROSPECTIVE GRADUATE STUDENTS

Please return to:
Department of Mechanical Engineering
Box 352600
University of Washington
Seattle, WA 98195-2600
FAX (206) 685-8047

Name of Applicant

1. I know the applicant very well, moderately well, only slightly (underline).
2. Contact with applicant (underline): student in lecture class, student in laboratory, other relationship (please specify):

- _____
3. Would rank among your department's undergraduate graduate students, in recent years, as follows:

	Please place an X at the appropriate place on each line		
	0 - 90th Percentile	Upper 10%	Inadequate opportunity to observe
Intellectual ability	_____	_____	_____
Initiative and motivation	_____	_____	_____
Imagination and originality	_____	_____	_____
Judgment, common sense	_____	_____	_____
Speech and writing ability	_____	_____	_____
Summary: Ability and potential	_____	_____	_____

Honesty and Integrity: Unquestioned Questioned . If questioned, please explain on reverse side.

4. Approximate rank in graduating class in student's major department is _____ out of _____.
5. Please give your estimate of the applicant's potential for graduate research. (Please use other side.)
6. Qualifying remarks, strong and weak points, comparison with other students you have recommended here, etc. (Please use other side.)

Name _____ Department _____
Title _____ Institution _____
Date _____ Address _____
Phone _____ E-mail _____

Your cooperation is greatly appreciated.

To the Applicant: Under the provisions of Public Law 93-380, the Family Educational Rights and Privacy Act of 1974, and under University guidelines pursuant to that Act, a student (defined as any person who has been officially admitted and registered at the University of Washington) has the right to review recommendations made in his or her behalf unless the student waives this right at the time the recommendation is solicited. If you wish to waive your right to review, please so indicate below.

I hereby waive my right to review this recommendation: _____
Signature Date

To the person completing the recommendation: Please be informed that, under the provisions of Public Law 93-380 and the University of Washington's Policy on Student Education Records, this recommendation will be available to the student if the student is or has been admitted and registered at the University unless the student waives such right to review.