THE UNIVERSITY OF TENNESSEE, KNOXVILLE
THE GRADUATE SCHOOL
RATING FORM

TO THE APPLICANT: Refer to the major and degree programs chart in the Graduate Catalog to determine if this rating form is needed for the particular program to which you are applying and, if so, the number of copies required. If more than one form is required, you may photocopy this form or request additional forms from the department.

Distribute copies of this form to persons familiar with your academic qualifications and with your plans for graduate study. Provide a stamped envelope, addressed to Audiology and Speech Pathology
458 South Stadium Hall
The University of Tennessee, Knoxville
Knoxville, TN 37996-0740

TYPE OR PRINT THE FOLLOWING INFORMATION:

Applicant Name

Mailing Address

Present Occupation

Degree Sought

Expected Date of Entry

Name of Evaluator

I hereby □ waive □ do not waive the right to examine this evaluation.

Applicant's Signature

Date

TO THE EVALUATOR: The person named above has applied for admission to graduate study at the University of Tennessee, Knoxville and has asked you to evaluate his/her ability to do graduate work. If the applicant has not waived the right to review this rating form, you should consider it non-confidential, and you may return the form uncompleted.

1. How long have you known the applicant and in what capacity? (Give dates, if possible.)

2. Estimate of Potential: (Use Outstanding, Above Average, Average, or Below Average)
   As a Degree Candidate ; as a Teacher ; as a Researcher

3. Recommendation concerning admission (check one):
   □ I recommend the applicant with confidence.
   □ I recommend the applicant with reservation. (Please explain in Item #7.)
   □ I do not recommend the applicant. (Please explain in Item #7.)
4. (For teachers of applicant only.) I would rank this applicant in the top _____% of approximately _____ undergraduates or _____ graduate students I have taught in the past _____ years.

5. Please rate the applicant in each area listed below in comparison with others you have known:

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<th>UPPER 5%</th>
<th>UPPER 10%</th>
<th>UPPER 25%</th>
<th>UPPER 50%</th>
<th>LOWER 50%</th>
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6. Please provide an additional assessment of the applicant's potential for success in graduate school. Include any particular strengths and/or weaknesses. We will appreciate your candid appraisal. Attach another sheet, if necessary.

(Please Print or Type)

Signature: _______________________________ Name: _______________________________

Position: _______________________________ Date: _______________________________

Company or Institution: _______________________________ Phone: ____________________

THANK YOU.