

Professor/Counselor Employer Evaluation

Please type or print clearly.

Name of Applicant

Last

First

Middle

Social Security number (optional)

Intended major

Directions to the Applicant:

Please detach this form and give it to a counselor, professor, or employer who knows you well. The completed evaluation should be returned directly to the Office of Admission. Sign your name below only if you agree to waive your right of access to review this evaluation.

Student signature

Date

To the Counselor/Professor/Employer:

The Admission Committee considers this a confidential evaluation. This evaluation will become part of the student's permanent record should he or she matriculate at IIT. Students who waive their right of access by signing above will not have access to this evaluation.

Name (Dr., Mr., Ms.)

Last

First

Address

City

State

Country (if other than U.S.)

Postal code

Position/Title

Telephone

Email address

How long have you known this student?

How well do you know this student?

- Only from records Not well Fairly well Very well

Academic Ability, Personality, and Character

Thank you for taking the time to help us understand this applicant's personal qualities. Please rate the applicant on:

	No basis for judgment	Below Average	Average	Above Average	Excellent (Top 10% this year)	Truly Outstanding (Top 1-2% of my career)
Academic ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interaction with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership/activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

continued on back

Summary Appraisal: (optional)

If there is anything else you would like us to know about this applicant, please use the space below. Feel free to attach additional sheets if necessary.

Evaluator signature

Date

Mail or fax your completed evaluation form to:

Office of Admission
Illinois Institute of Technology
101 Perlstein
10 West 33rd Street
Chicago, IL 60616-3793
Fax 312.567.6939
Email admission@iit.edu

If you would like to discuss this applicant further, or have any questions, please contact the Office of Admission at 312.567.3025 or 800.448.2329 (outside Chicago).