

Name of applicant: _____
Last (family)
First (given)
Middle or Maiden

Major field of study: _____

Date of birth (month/day/year) _____ Student ID. Number _____

I (check one) do not do waive my right of access to the information contained herein.

 Signature of applicant

The applicant should complete the lines above and give this form to a person well acquainted with his or her education and abilities.

The above named individual has applied to the Graduate School of Florida Institute of Technology. Please rate this individual on the following characteristics as best as you are able. **In a separate letter, or on the back of this form**, please elaborate on any of the characteristics, or comment on additional attributes of the applicant. We are most interested in your appraisal of the applicant's ability to carry on advanced study.

	EXCELLENT (Upper 5%)	GOOD (Upper 10%)	AVERAGE (Upper 25%)	FAIR (Upper 50%)	POOR (Lower 50%)	UNABLE TO RATE
1. MOTIVATION - dedication to work and studies	5	4	3	2	1	
2. INTEGRITY - commitment to high ethical standards	5	4	3	2	1	
3. COMMUNICATION SKILLS - oral and written ability to convey information to others	5	4	3	2	1	
4. PROBLEM SOLVING SKILLS - ability to extract and integrate information toward solutions to problems	5	4	3	2	1	
5. SCHOLASTIC APTITUDE - ability to learn new facts and concepts	5	4	3	2	1	
6. INTERPERSONAL SKILLS - ability to work well with others	5	4	3	2	1	
7. COPING SKILLS - ability to deal with stress, ambiguity, etc.	5	4	3	2	1	
8. SELF-CONCEPT - extent of self-esteem, positive self-regard, etc.	5	4	3	2	1	
9. OVERALL ACADEMIC POTENTIAL - likelihood of academic success	5	4	3	2	1	
10. OVERALL PERSONAL ADJUSTMENT - likelihood of personal success	5	4	3	2	1	
11. ORIGINALITY - ability to develop new concepts	5	4	3	2	1	
12. TEACHING POTENTIAL - likelihood of success as a teaching assistant	5	4	3	2	1	
13. LABORATORY SKILLS - ability to work with lab equipment	5	4	3	2	1	
14. APPLICANT'S OVERALL ABILITY - relative to others of similar age and experience in the same field. Upper _____ %.						
15. APPLICANT'S OFFICIAL RANK in his or her academic department, _____ out of _____.						

Date _____ Signature _____

Institution/Company _____ Name (Print) _____

Address _____ Position _____

Mail directly to Florida Institute of Technology, Graduate Admissions Office, 150 W. University Blvd., Melbourne, FL U.S.A. 32901-6975.