Evaluation Form - Physics Program
University of Hawaii at Manoa

Name of Applicant__________________________________________________________

Name of Person Supplying Information________________________________________

Title_____________________________________________________________________

Affiliation________________________________________________________________

Applicant has waived access to confidential letters pertaining to this application? Yes ___ No ___

The applicant should type or print the information requested above and give this form to the person supplying the recommendation.

To the writer of recommendation letter:

The information you are asked to provide will be used to help in the selection process of graduate assistants. We are particularly interested in your estimate of the applicant’s ability: to carry on advanced study and research; to complete the program for which he/she is applying; and to pursue a successful career in physics following the completion of the program.

We are also interested in impressions you may have regarding this candidate’s potential ability as a teaching assistant.

The applicant has indicated above whether or not he/she requests waiver of access to such letters. If access is waived, your letter will be confidential.

<table>
<thead>
<tr>
<th>Applicant’s Achievements and Characteristics</th>
<th>Excellent</th>
<th>Above Average</th>
<th>Average</th>
<th>Below Average</th>
<th>Unable To Judge</th>
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<tbody>
<tr>
<td>Degree of mastery of fundamental knowledge in his/her general field.</td>
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<td>Ability to express himself/herself in speech and writing.</td>
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<td>Self reliance and independence.</td>
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<td>Maturity</td>
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<td>Growth during total period of observation.</td>
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Signature________________________________________ Date________________

MAIL TO: Graduate Chair
Department of Physics and Astronomy
University of Hawaii, 2505 Correa Road
Watanabe Hall 416, Honolulu, HI 96822

DEADLINE: Foreign Applicants - January 15
US Applicants - January 15

August 1
August 1