

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.

Applicant's Achievements and Characteristics	Excellent	Above Average	Average	Below Average	Unable To Judge
Degree of mastery of fundamental knowledge in his/her general field.					
Ability to express himself/herself in speech and writing.					
Self reliance and independence.					
Maturity					
Growth during total period of observation.					

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
August 1
US Applicants - January 15
August 1