

STUDENT INFORMATION			
Last Name	First Name	Middle Ini	Maiden (if applicable)
Preferred Phone	Primary E-mail		

Applicant: Please fill in the following information and give this form to an individual who is familiar with your **academic situation**, for example, a current or former instructor. You may wish to provide a stamped, addressed envelope to your evaluator.

Evaluator: Brazosport College would like your candid evaluation of the applicant named above. Please return this form directly to:

Dr. Dorothy Brandt
 Brazosport College
 500 College Drive, J.214
 Lake Jackson, TX 77566

We are aware of the time and care necessary to prepare this evaluation and gratefully acknowledge your assistance.

Are you related to the applicant? Yes No

If Yes, how ? _____

In what capacity have you known the applicant? _____

For what length of time you have known applicant? _____

Please check a box that most nearly matches your evaluation of the applicant's ability in this area.

Criteria	Excellent	Above Average	Average	Below Average	Unable to Evaluate
Maturity					
Self-Confidence					
Motivation					
Initiative					
Oral Communication Skills					
Interpersonal Skills					

If you have any additional statements you wish to make concerning the applicant's aptitude for management or supervision, please write in the space below or attach an additional page to this form.

Evaluator Name (printed)

Evaluator Signature

Position/Title

Daytime Phone

Mailing Address

Primary E-mail Address