Applicant Evaluation Form

To the Applicant:

This evaluation form is provided for your convenience. The use of this particular form is optional. Select a teacher or guidance counse	10+
who can best comment on your academic performance and potential for success at Bradley University. In many cases, one recommendation	
will provide the information that the admission review committee needs for reviewing the application. In some cases, more may be helpful	ful.
Complete the information in the student section below before providing this form to the evaluator(s) that you have selected	

Applicant's Name		Telephone Number (w/Area Code)					
Applicant's Address	City				State		Zip
Name of School	Rank/Class Siz	ze	G	rade Point Av	erage/Scale		
 Prospective Academic Program or Major							
I hereby waive access to the information on t	this evaluation	1	Student S	Signature		Dar	te
Instructions for Evaluator: The student who has selected you to provide transcript alone cannot provide. You may preappreciate your time in providing this valuab Office of Undergraduate Adm	efer to write a le information	separate le n. After con	etter of recommendation	mendation ir evaluation, pl	place of, or in ease send it to:	addition to, th	
Evaluator's Name				Telephone	Number (w/Are	a Code)	
E 1 . 2 A 11	City				State		Zip
Evaluator's Address							
Name of School	this student?		on at School				
Evaluator's Address Name of School How long, and in what capacity have you known Check the most appropriate box concerning the	his student's q	qualities con			you have know	n. Outstanding	
Name of School How long, and in what capacity have you known	his student's q	qualities con	mpared to all s	students that	you have know	n.	Unequalled (top 1%)
Name of School How long, and in what capacity have you known Check the most appropriate box concerning the tudy Habits and Academic Work Ethic Originality and Creative Thinking	his student's q No basis for comparison	Below average	mpared to all s	Good	you have know Excellent (top 10%)	Outstanding (top 5%)	(top 1%)
Name of School How long, and in what capacity have you known Check the most appropriate box concerning the study Habits and Academic Work Ethic Originality and Creative Thinking academic Potential Oral Communication Vitten Communication	his student's q No basis for comparison	ualities con Below average	Average	Good	you have know Excellent (top 10%)	n. Outstanding (top 5%)	(top 1%)

If you prefer to attach a letter of recommendation for this student, we welcome the opportunity to read it.