WEST VIRGINIA UNIVERSITY
Department of Political Science
PO Box 6317
Morgantown, WV 26506-6317

LETTER OF EVALUATION

(TO BE FILLED OUT BY THE CANDIDATE)
I waive my right to see this letter of recommendation _____
I do not waive my right to see this letter of recommendation _____
Student Signature _____ Date _____

_____
(Type or Print) LAST NAME FIRST MIDDLE

The person above has applied to the ( ) Master's ( ) Ph.D. program in Public Policy and has indicated that you would be able to give us an evaluation. Please return this form--or a letter if you prefer--directly to the Department of Political Science.

I. How well and in what capacity have you known this person?

II. Please evaluate, as specifically as possible, the qualifications of this person for graduate work.

III. Please compare this person with others you have known who have been accepted in graduate school.

	Top 5%	Top 10%	Top 25%	Top 50%	Lower 50%	No Basis for Judgment
Creativity						
Native Intellectual Ability						
Breadth of General Knowledge						
Ability in Oral Expression						
Ability in Written Expression						
Ability to Work with Others						
Leadership Ability						
Emotional Maturity						
Achievement Orientation						

NAME (please type or print) _____ DATE:_____

POSITION _____ AT_____

ADDRESS _____ ZIP CODE_____

SIGNATURE _____