



Academic Evaluation Form

To the evaluator: Once you have completed the evaluation form, please return the form to the applicant in an official sealed & signed envelope. Thank you!

This section to be completed by applicant

On behalf of (Please Print) FIRST NAME MIDDLE NAME LAST NAME

Address

Telephone AREA CODE

With regard to the consideration of my application for admission to the Illinois College of Optometry, I hereby waive my right of access to this confidential statement, providing such statement will be used solely for the purpose of admission consideration.

Signed Date

This section to be completed by evaluator

The above-named individual is applying for admission to the Illinois College of Optometry. The Admissions Committee would appreciate your candid opinion of this candidate.

- 1) How well do you know the applicant?
2) Nature of acquaintance:

3) Please rank the applicant with other students you have known at the same academic level:

Table with 5 columns: Excellent (Top 10 %), Good, Average, Below Average, No Chance To Observe. Rows include Intellectual Ability, Motivation, Independence, Work Habits, Oral Expression, Integrity, Interpersonal Abilities, Emotional Stability, Leadership.

4) This applicant is: Highly Recommended Recommended Not Recommended
Please check if you are including ADDITIONAL REMARKS on back of page or on letterhead.

Name: (PLEASE PRINT) Signature:

Institution: Position:

Address: City: State: Zip:

E-mail Address: Phone number: