



PROFESSOR EVALUATION

APPLICANT'S SECTION

After you complete this section, give this form and a stamped envelope to a professor who has taught you in college.

Student's Name _____
Last First Middle Preferred

Student's Birthdate _____

I hereby authorize release of this information to Ohio Wesleyan _____
Signature

PROFESSOR'S SECTION

Written comments required

The student named above has applied for admission to Ohio Wesleyan University. The Admission Committee finds candid evaluations helpful in choosing from among qualified transfer candidates, and, therefore, asks your help in appraising the applicant's fitness for admission. The information that you provide will be utilized solely in determining the candidate's eligibility for admission and will be destroyed after the admission decision has been reached. If you would prefer to write a personal letter of evaluation instead of completing this form, please feel free to do so. We urge you to send it at your earliest convenience.

How long have you known this student? _____

Under what circumstances have you known this student? _____

Mr. Ms. Dr. _____
Signature Date

Name (please print) _____ Teaching Department _____

College Name _____

College Address _____
Street City

