

**Department of Economics and Finance
University of New Orleans
Confidential Evaluation Form**

To the Applicant Please print or type your name _____
Family Name First Name Middle Name

Pursuant to the Family Educational Rights and Privacy Act of 1974, applicants to the graduate programs at the University of New Orleans may either waive or reserve their rights to see this confidential evaluation after it has been completed. Please indicate your choice below before submitting this form to be completed.

- I waive the right to see this evaluation form after it has been completed.
 I reserve the right to see this evaluation form after it has been completed.

Signature

Date

In compliance with Section 504 of the Rehabilitation Act of 1973, those providing letters of recommendation are asked not to refer directly or indirectly to the applicant's handicap or physical disability.

**To the Person
Completing this
Evaluation**

The person whose name appears above is applying for admission to graduate studies in the Department of Economics and Finance at UNO. Your assessment of this applicant will be very helpful to the Admissions Committee who will place particular emphasis on your comments. The committee requests that you be as specific and candid as possible, citing any particular attributes of the student that will either positively or negatively reflect on the student's ability to be a successful student in our program. **Since the application for admission will not be considered until this form has been received, we hope you will be able to give it your prompt attention.**

	Superior Top 5%	Excellent Top 10%	Good Top 25%	Average Top 50%	Poor Bottom 50%	No basis for judgement
Intellectual ability						
Motivation						
Ability in oral expression						
Ability in written expression						

Please attach a separate page on your letterhead describing how well and in what capacity you have known the applicant. Evaluate the applicant in as many of the following areas as possible: intellectual ability; motivation; interpersonal skills; oral and writing skills; quantitative skills; maturity; integrity; imagination and creativity; overall strengths and weaknesses.

Signature

Date

Your Full Name _____ Position/Title _____
 Address _____ Work Telephone (_____) _____

Indiate your basis for comparison.

- All students I have known
 Graduating seniors
 The students in the class of which the applicant was a member
 Employees I have supervised or with whom I have worked
 Other (Please specify) _____

Please mail this form to:

**Graduate Coordinator
Department of Economics and Finance
University of New Orleans
New Orleans, LA 70148**