

FACULTY EVALUATION FORM



Student Name: _____
Last First Middle

How long have you known the applicant and what courses has he/she taken with you?

Please state briefly your assessment of this student's academic strength, achievement and promise. Comment on his/her classroom performance, motivation, initiative and desire to succeed.

_____ I strongly recommend the admission of this applicant to Millikin University.

_____ I recommend this applicant.

_____ I recommend this applicant with reservations.

_____ I do not recommend this applicant for admission to Millikin University.

(Please make any additional comments that you feel would be helpful in assessing this applicant's case.)

Name (please print): _____

Signature School Address

Faculty Position Date Telephone

To the faculty: Federal legislation stipulates that this information will be open for review upon the student's request provided admission to the University is granted; otherwise, it is confidential.

**Please mail this completed form to: Office of Admission, Millikin University
1184 West Main Street, Decatur, IL 62522-2084**