Evaluation Form

NOTE TO APPLICANT:
This recommendation form must be filled out by a faculty or staff member. Student recommendations will not be accepted. Please complete the top portion of this evaluation form, including your name and the name of the person who will be completing the recommendation form. **The form should be enclosed with your filled out application packet.**

Applicant

_____
Last Name First Name Middle Name

Evaluator Name: _____ Position: _____

Applicant's signature _____ Date _____

NOTE TO EVALUATOR:
Please evaluate this applicant and comment on the applicant's ability to be successful as a Student Senator in the St. Thomas University Student Government Association.

	Outstanding	Above Average	Average	Poor	Not Recommended
Achievement	_____	_____	_____	_____	_____
Intellectual Aptitude	_____	_____	_____	_____	_____
Character and Personal Distinction	_____	_____	_____	_____	_____
Industry and Efficiency	_____	_____	_____	_____	_____
Oral Expression	_____	_____	_____	_____	_____
Written Expression	_____	_____	_____	_____	_____
Emotional Maturity	_____	_____	_____	_____	_____
Problem Analysis Ability	_____	_____	_____	_____	_____

How long have you known the applicant? _____ (Years/Months)

In what capacity? _____

In your opinion, does the applicant have the motivation and ability to be a Student Senator?
_____

Signed: _____ Date: _____

Title (please print) _____ Phone: _____

Additional Notes _____

_____

ST.THOMAS UNIVERSITY
Student Government Association