



# Summer Term for College Students Faculty Evaluation

**TO THE APPLICANT**

Please fill in the following information. Then, give this form to a faculty member at your college/university with a stamped envelope addressed to :

Summer Admissions, Admissions Office, 6016 McNutt Hall, Dartmouth College, Hanover, NH 03755-3541

**Candidate's Name:** \_\_\_\_\_  
Last First Middle Suffix (Jr., III, etc.)

**Date of Birth:** \_\_\_\_\_  
Month Day Year

**Candidate's Address**

\_\_\_\_\_  
Street Address City State Zip Code Country

**Current College/University:** \_\_\_\_\_ **CEEB Number:** \_\_\_\_\_

**College/University Address:** \_\_\_\_\_  
City State Country

**Name of Faculty Member Providing Evaluation:** \_\_\_\_\_

The purpose of this evaluation is to assist in making the admission decision. Under the provisions of the Family Educational Rights and Privacy Act of 1974 you have the right, if you enroll at Dartmouth, to review your educational records. The Act further provides that you may waive your right to see recommendations for admission. Please check the appropriate box indicating whether or not you wish to waive this right and sign your name.

I waive any right to access that I may have to this recommendation.  Agree  Disagree

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**TO THE FACULTY MEMBER**

How long have you known this candidate and in what context?

We would appreciate a statement, based on your knowledge and observation of this candidate as a student that will help us in our selection process. We suggest a candid statement covering both academic and personal qualities that reflects information you would like to know about a student prior to their arrival in your classroom. Thank you for your assistance!

**Faculty Member's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please print name: \_\_\_\_\_ **Position:** \_\_\_\_\_