UE Adult Degree Programs

**Please Print Legibly**

Name of Student _____

Address _____

City _____ State _____ Zip Code _____

Name of Adult Degree Program _____

The person listed above has applied for admission to an adult degree program at the University of Evansville. Please give your frank evaluation of this person. Please fax the form to the Center for Adult Education at 812-488-2432 or mail it to the Center for Adult Education, University of Evansville, 1800 Lincoln Avenue, Evansville, Indiana 47722. Thank you for your assistance.

1. How would you describe the applicant's academic potential?

2. How would you rate this person in his or her job performance?

3. How would you rate him or her in terms of character?

4. In what ways have you known this person and for how long?

5. Please make any other comments you believe relevant to the applicant and his or her qualifications.

NOTE: Please use reverse side if you need additional space.

Signature _____ Date _____

Print Name _____

Position and Employer_____ Telephone _____

UNIVERSITY OF EVANSVILLE
EST 1854
*Civic Mission…Sacred Trust*