

COLLEGE OF BUSINESS – Ph.D. PROGRAM

**Doctoral Applicant Evaluation Form
FORM B**

Applicant's Name (print or type) _____
Last First Middle

Student ID No _____

In order to encourage the evaluator to provide an objective and candid impression, the applicant is encouraged to sign the following statement. Please be assured, however, that the signing of this statement is optional. Under law, refusal to sign the statement cannot be used negatively in the selection process.

I hereby waive my right of access, under the Family Educational Rights and Privacy Act of 1974, to this letter of recommendation.

Signature: _____ Date: _____

Evaluator: _____
(Print Name)

How long have you known the applicant? _____

In what capacity have you known the applicant? _____

What reference group are you using in these comparisons? _____

For each criterion below, please check the appropriate box.

	Exceptional	Above Average	Average	Below Average	No Information
Intellectual Ability					
Writing Ability					
Speaking Ability					
Academic Preparation					
Motivation					
Maturity					
Leadership Ability					
Classroom Presentation Skills					
Quantitative/Research Skills					

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FORM B (cont'd)

Please provide comments that can assist in forming an overall evaluation of the candidate's abilities, potential and character.

If we have questions, may we contact you by phone? Yes or No Ph. () _____

Signature: _____ Date: _____

Title: _____

Organization or Institution: _____

Address: _____

City

State

Zip

Please forward the completed form directly to:

**Graduate Programs and Research – BLB 201
College of Business
University of North Texas
1155 Union Circle, Box 311160
Denton, Texas 76203
Email: phdcoba@unt.edu**