## ZLC Evaluation for Graduate Admission

Please read instructions carefully before you complete this form. Please type or print in capital letters using black or blue ink.

Part 1 To be co	npleted by all applicants	
Name:		
Name:last/family	first	middle
	n in the MIT-Zaragoza International Logistics Program within the Zaragoza Logistics Congineering in Logistics & Supply Chain Management for the term beginning in September 1.	
email		
Part 2 To be co	mpleted by evaluator	
the professional and acreturn to the applicant ZLC Admiss.	Laguna 25, 1º planta	form if necessary. Please
Evaluator's name:	Title	
Address		
School or company	Telephone number	
email		
In what capacity do yo	u know the applicant?	
How long have you kn	own the applicant?	
How does this applica	at compare with his or her peer group in academic ability?	
Truly exceptional equivalent to the very best you have known - a person who, in your experience, appears only every few years	Outstanding Excellent DAbove average Average Below average comparable to the best student in a class or work group Case Date Date Date Date Date Date Date Dat	☐ Inadequate opportunity to observe
In your opinion, how v	vould this student compare to other students in prominent graduate programs?	
Truly exceptional	□ Outstanding □ Excellent □ Above average □ Average □ Below average	☐ Inadequate opportunity to observe
If applicable, please gi	ve the applicant's relative standing in your class (e.g., 7 <sup>th</sup> in 89)	
(continue on reverse side)		

Personal evaluation of the applicant. What particularly qualifies this student for study in the Zaragoza Logistics Center? Informabout accomplishments in the classroom, research, independent projects, and team leadership will be particularly helpful. If you reason to believe that the applicant should not be considered, please explain.	mation ou have any
If the applicant's first language is not English, please evaluate her/his proficiency to read, write, and speak English.	
Please feel free to add information about your own educational and professional background if you feel that such information enhance our understanding of your evaluation.	will
Evaluator's signature Date	
Date	

Please seal and sign the envelope before returning to applicant..