



Candidate Information

Last Name	First Name	Current/Most Recent College
Permanent Home Address – Street/City/State/Zip		
()	()	()
Home Phone	Cell Phone	Work Phone

Enrollment Information

I plan to enroll in:

- Fall (August) 20_____
- Spring (January) 20_____
- Summer (May) 20_____

I will be a:

- First-Time College Student
- Transfer Student
- Readmit Student
- Second Bachelor's Degree Student

Candidate Evaluation

The candidate above has applied for admission to the University of Saint Joseph. We ask for your assistance in evaluating this candidate by completing the information below. Once complete, please place this evaluation in a sealed envelope and mail it to: University of Saint Joseph 1678 Asylum Avenue West Hartford, CT 06117. **Please feel free to attach additional information or a formal letter of recommendation to this form.**

Last Name	First Name	Number of years you have known candidate
Relationship to Candidate:		
<input type="checkbox"/> Teacher (Subject: _____)		<input type="checkbox"/> Employment Supervisor
<input type="checkbox"/> Volunteer Supervisor		<input type="checkbox"/> Other: _____
E-mail Address		() Phone Number
Signature		Date

Evaluation of Candidate:

(Please respond candidly by checking the appropriate response to each prompt)

	Below Average	Average	Good	Very Good	Excellent (top 10%)	Outstanding (top 5%)
Academic Achievement						
Initiative, independence						
Reaction to setbacks						
Concern for others						
Creativity						
Maturity						
Work Ethic, motivation						