



9. What, if any, limitations exist which might impair the applicant's ability to perform as a graduate student/graduate assistant?

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10. Will you please evaluate the applicant on the following items. If information available is inadequate to make a rating, check the "Unknown" column.

|                              | <u>Excellent</u> | <u>Good</u> | <u>Satisfactory</u> | <u>Unsatisfactory</u> | <u>Unknown</u> |
|------------------------------|------------------|-------------|---------------------|-----------------------|----------------|
| ~ Integrity                  | _____            | _____       | _____               | _____                 | _____          |
| ~ Cooperation                | _____            | _____       | _____               | _____                 | _____          |
| ~ Responsibility             | _____            | _____       | _____               | _____                 | _____          |
| ~ Emotional<br>Maturity      | _____            | _____       | _____               | _____                 | _____          |
| ~ Leadership                 | _____            | _____       | _____               | _____                 | _____          |
| ~ Subject Area<br>Competence | _____            | _____       | _____               | _____                 | _____          |
| ~ Teaching<br>Competence     | _____            | _____       | _____               | _____                 | _____          |

If you would like to add a supplementary letter, it will receive careful consideration. Your cooperation is greatly appreciated.

Please return to: Office of Graduate Studies  
College of Technology  
Bowling Green State University  
Bowling Green, OH 43403

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

Title \_\_\_\_\_

Institution/Company \_\_\_\_\_

Telephone or email address \_\_\_\_\_