

**DEPARTMENT OF BIOLOGICAL SCIENCES
BOWLING GREEN STATE UNIVERSITY
BOWLING GREEN, OH 43403**

EVALUATION OF APPLICANT FOR GRADUATE ADMISSION/AWARD

(This portion to be completed by applicant.)

Under the provisions of the Family Educational Rights and Privacy Act of 1974, this applicant (if admitted and enrolled) will have access to the information provided below unless she/he has waived such access.

_____ I hereby waive my right of access to the information recorded below.

Signature of Applicant

Date

_____ I do not waive my right of access to the information recorded below.

Signature of Applicant

Date

NAME OF APPLICANT _____ **SPECIALIZATION IN BIOLOGY** _____

(This portion to be completed by referee.)

Based on your experience with this student, please evaluate his or her potential for graduate study in biology. Write comments here and/or on back, or attach a letter to this form.

Please note this student's likelihood for success in: _____MS _____PhD program.

Unlikely | _____ | _____ | _____ | _____ | _____ | _____ | Very likely
0 5 10

Return form to:
Chairman of the Graduate Committee
Department of Biological Science
Bowling Green State University
Bowling Green, Ohio 43403

Signature _____
Date _____
Name _____
Position _____
Institution _____

