



# LETTER OF EVALUATION M.S. IN NUTRITION AND INTEGRATED HEALTH

## Instructions for Submittal

Applicants must fill out the first two sections of this form, save, and send to each evaluator. Each evaluator must fill out remaining sections and send directly to the Office of Graduate Studies, [gradstu@uwgb.edu](mailto:gradstu@uwgb.edu) or Office of Graduate Studies, 2420 Nicolet Drive, Green Bay, WI 54311-7001.

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## **APPLICANT SECTION:**

First Name

Middle Name

Last Name

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## **PRIVACY ACT STATEMENT:**

Under the Family Educational Rights and Privacy Act of 1974, students enrolled at the University of Wisconsin-Green Bay have access to their educational records, including letters of evaluation. However, students may waive their right to see letters of evaluation, in which case the letters will be held in confidence. If the applicant has not signed a waiver, they may request to see the letters after a final decision is made on admission. The student's decision is indicated below:

Applicant's Electronic Signature

Date (mm/dd/yyyy)

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## **EVALUATOR SECTION:**

The applicant referenced above is seeking admission to the Master of Science in Nutrition and Integrated Health program at the University of Wisconsin-Green Bay. The information you share with us will be valuable in making an admission decision. We appreciate your effort in completing this form. No additional letter is necessary; however, you may attach a letter if you wish to do so. Questions can be forwarded to the Office of Graduate Studies at [gradstu@uwgb.edu](mailto:gradstu@uwgb.edu). Please fill out this survey in its entirety.

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## **EVALUATOR INFORMATION:**

Full Name

Employer

E-mail

Address

State

Title/Position

Phone

City

Zip Code

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How long have you known the applicant?

In what capacity have you known the applicant?

Comments: (Limit 1500 Characters)

If you are/were the applicant's **work supervisor** or colleague, how would you rate their performance? (**if not, please proceed to the next section**)

	Excellent	Good	Average	Below Average	Poor
Initiative					
Dependability					
Quality of Work					
Overall Performance					

Comments: (Limit 2000 Characters) OPTIONAL

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If you are/were the applicant's **instructor** or **academic advisor**, please list the courses that were enrolled in by the applicant. How would you rate their performance? Please provide details and examples.

	Excellent	Good	Average	Below Average	Poor
Initiative					
Dependability					
Quality of Work					
Overall Performance					

Comments: (Limit 2000 Characters)

What do you consider the applicant's major **strengths** and major **challenges** in terms of their ability to do graduate level work? (limit 2000 characters)

Comparing the applicant to other individuals in the same field with approximately the same amount of experience and training, please indicate your evaluation of this applicant's ability and professional competence by marking the appropriate ranking.

	Top 10%	Top 25%	Top 50%	Lower 50%	Lower 25%	Unable to Rate
Knowledge in Subject Area						
Intellectual Capacity						
Originality/Creativity						
Mathematical Ability						
Technological Ability						
Logical/Analytical Ability						
Written Communication Ability						
Oral Communication Ability						
Maturity and Professionalism						
Leadership Ability						
Ability to Work Collaboratively						
Ability to Work Independently						
Time Management Ability						
Potential in Research						

Please indicate any other information relevant to the applicant's potential as a graduate student. Or, paste your letter of recommendation below. (Limit 4000 Characters)

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**RECOMMENDATION FOR ADMISSION:**

- Recommend Highly
- Recommend
- Recommend with Reservations
- Not Recommended

Evaluator's Electronic Signature

Date (mm/dd/yyyy)