Teacher Evaluation

Office of Admissions 400 South Orange Avenue, South Orange, New Jersey 07079-2680
1-800-THE HALL (843-4255) E-mail: *thehall@shu.edu* Web: *admissions.shu.edu*

TO BE COMPLETED BY THE APPLICANT

Applicant's Last Name _____ First _____ Middle _____

Address _____

City _____ State _____ Zip _____ Country _____

Date of Birth _____ /_____ /_____ ❑ Male ❑ Female **Social Security Number** ____ ____ ____ — ____ ____ — ____ ____ ____ ____
month day year

In accordance with the Family Educational Rights and Privacy Act:

This Teacher Evaluation form will become part of your admissions file, but it will not be disclosed to any unauthorized individual without your consent. If you enroll at Seton Hall University, you will have access to this form's contents unless you voluntarily waive your right of access. Please check one the boxes below before you sign and date the following statement.

I have read the information above and hereby ❑ waive ❑ do not waive my right of access to this document should I matriculate at Seton Hall University.

Signature _____ Date _____

TO BE COMPLETED BY THE APPLICANT'S TEACHER

The applicant's named above has applied for admission to Seton Hall University. We ask for your assistance in evaluating this applicant. Your candid feedback will be very useful in helping us determine the applicant's eligibility for admission. Please place this evaluation in a sealed, signed envelope, and return it to the applicant's guidance counselor, or mail it directly to Seton Hall University at the address above. Feel free to copy this form or attach additional sheets. Thank you for your assistance.

Applicant Evaluation

(Please respond candidly to each section by checking the appropriate box for each category.)

	Below Average	Average	Good	Excellent (Top 10%)	Outstanding (Top 2-3%)	No Basis for Judgment
Academic Achievement	❑	❑	❑	❑	❑	❑
Leadership	❑	❑	❑	❑	❑	❑
Intellectual Ability	❑	❑	❑	❑	❑	❑
Creativity	❑	❑	❑	❑	❑	❑
Maturity	❑	❑	❑	❑	❑	❑
Work Ethic and Motivation	❑	❑	❑	❑	❑	❑
Initiative	❑	❑	❑	❑	❑	❑
Writing Skills	❑	❑	❑	❑	❑	❑
Ability to Work in Groups	❑	❑	❑	❑	❑	❑

Recommendation for Admission

(Please indicate your level of recommendation for admission.)

	Poor	Fair	Strong	Enthusiastic	No Basis for Judgment
Based on Academic Achievement	❑	❑	❑	❑	❑
Based on Character and Maturity	❑	❑	❑	❑	❑
Based on Effort and Motivation	❑	❑	❑	❑	❑
Based on Potential	❑	❑	❑	❑	❑
Overall	❑	❑	❑	❑	❑

Comments

(Write recommendation below or attach a letter of recommendation.)

Signature

Date

Name

Title

( )

Phone

High School Name

How long have you know the applicant?

School Seal or Stamp
(if available)