



Office of Career Services
 205 Moomaw Apts. [Box 35]
 Bridgewater College
 Bridgewater, VA 22812
 Ext. 5369

STATEMENT OF EVALUATION AND RECOMMENDATION

Name of Student

Major(s) Concentration Graduation Year

I waive my right of access to information provided in this form (afforded under state/federal law): Yes No

Signature _____ Date

To be filled out by student/alumni.

Name of Reference _____

Professional title or position _____

Relationship to the student _____

To be filled out by the person making the evaluation

	<u>OUTSTANDING</u>	<u>STRONG</u>	<u>AVERAGE</u>	<u>POOR</u>	<u>NO OPINION</u>
I. Check Rating.					
COOPERATION, ability to work with other people, sociability; pleasantness					
RELIABILITY, faithfulness in duties; promptness; thoroughness					
SCHOLARSHIP, mastery of academic essentials; originality; ability to think critically					
LEADERSHIP, capacity to organize work and assume responsibility					
JUDGMENT, ability to evaluate facts; use of common sense					
COMMUNICATION, effectiveness and fluency in speech and writing					
PERSONAL APPEARANCE, well groomed; appropriateness in dress and appearance					
PERSONAL INTEGRITY, honesty in personal, professional and intellectual matters					
POTENTIAL, capacity for personal and professional growth					

II. Comments (Employers may wish to convey their comments on agency letterhead.)

Signature _____ Date _____