



LETTER OF EVALUATION MASTER OF ATHLETIC TRAINING

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 or Office of Graduate Studies, 2420 Nicolet Drive, Green Bay, WI 54311-7001.

APPLICANT SECTION:

First Name

Middle Name

Last Name

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, he or she 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)

EVALUATOR SECTION:

The applicant referenced above is seeking admission to the Master of Science in Nursing Leadership and Management in Health Systems 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 (either included as a separate file with your email message or attached within this pdf file) if you wish to do so. Questions can be forwarded to the Office of Graduate Studies at gradstu@uwgb.edu. Please fill out this survey in its entirety.

EVALUATOR INFORMATION:

Full Name

Employer

Title/Position

E-mail

Phone

Address

City

State

Zip Code

How long have you known the applicant? _____

In what capacity have you known the applicant? _____

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

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

If you are/were the applicant's **instructor** or **academic advisor**, how would you rate his/her performance in your class(es)?

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

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
Intellectual Capacity						
Originality/Creativity						
Technological Ability						
Logical/Analytical Ability						
Written Communication Ability						
Oral Communication Ability						
Maturity and Professionalism						
Leadership Ability						
Integrity						
Ability to Work Collaboratively						
Ability to Work Independently						
Time Management Ability						
Adaptability						

What do you consider the applicant's major **strengths** in terms of his/her ability to do graduate level work? (Limit 2000

Characters)

The Master of Athletic Training (MAT) program is a very demanding didactic and clinical education program. Do you see any major **challenges** for the applicant in completing the requirements for the MAT program? (Limit 2000 Characters)

Please provide any other information relevant to the applicant's potential as a graduate student. (Limit 2000 Characters)

RECOMMENDATION FOR ADMISSION:

- ☐ Recommend Highly
- ☐ Recommend
- ☐ Recommend with Reservations
- ☐ Not recommend

Evaluator's Electronic Signature

Date (mm/dd/yyyy)