



## APPLICANT LETTER OF EVALUATION FORM

Student Name: \_\_\_\_\_

University Currently Attending: \_\_\_\_\_

You must sign **ONE** of the statements below.

<p>I hereby voluntarily waive and relinquish any right of access to this confidential letter of evaluation.</p> <p>Sign: _____ Date: _____</p>
<p>I retain my right of access to this letter of evaluation.</p> <p>Sign: _____ Date: _____</p>

\* If the waiver signature line is not completed, it is assumed that the applicant has not waived his/her right of access to the letter.

JAMP Faculty Director's (JFD), please provide the following information before issuing this form to potential applicants.

JFD's Name: \_\_\_\_\_  
 Institution: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**The remainder of this form is to be completed by the evaluator.**

When completed, the evaluator must send the evaluation to the JAMP Faculty Director listed above.

***Do Not Return Evaluation To Applicant.***

This evaluation must be submitted by the JFD. **Please check one of the following to indicate your relationship with the applicant. NOT your title or position.**

- |  |  |
|--|--|
| <input type="checkbox"/> JAMP Faculty Director       | <input type="checkbox"/> University Faculty            |
| <input type="checkbox"/> Work/Volunteer Supervisor   | <input type="checkbox"/> High School Counselor/Teacher |
| <input type="checkbox"/> Extracurricular Coordinator | <input type="checkbox"/> Mentor                        |

**This evaluation is being completed by:**

Name/Title: \_\_\_\_\_  
 School: \_\_\_\_\_  
 Address: \_\_\_\_\_