Biotechnology Certificate Program Recommendation Form Department of Biology - Ball State University

Please download & return this form to:

Director, Biotechnology Certificate Program
Ball State University
Department of Biology
Muncie, IN 47306-0440

Applicant:

Sign this statement, if applicable. I agree that this evaluation may be kept in confidence and shown only to bona fide universit officials with legitimate interest in reviewing the same. I waive any right to inspection or review of this evaluation.	
Signature:	
Evaluator:	
Sign this statement, if applicable. I am furnishing this evaluation named below.	on on the condition that it will not be shown to the applicant
Signature:	Date:
Note: This evaluation will be kept in confidence from the applithe part of either party to sign the statements.	icant only if both statements are signed. There is no obligation or
Recommendation Form	
Name of Applicant: (please print)	
Program Desired:	
BA/BS with Biotechnology Certificate	MA/MS with Biotechnology Certification
Post-baccalaureate Biotechnology Certification on	ly
I have known the applicant as:	
an undergraduate student	a graduate student
a research assistant	a teaching assistant
other (specify):	
Length of time I have known the applicant:	

Please rate the applicant for each of the following characteristics by circling the most appropriate number: No Basis for Judgment High Low Average Intellectual Ability Competence in Field Creativity **Oral Expression** Written Expression Judgment/ Maturity Self-motivation Integrity Research Potential Relative to most undergraduate/graduate students, I consider the applicant to be: Outstanding In my opinion, the applicant's chances of succeeding in this field are: Outstanding Overall, I recommend this applicant: Enthusiastically If you wish to provide additional information, please attach a letter. Signature of Evaluator: ______ Date: _____

Telephone: ______E-mail _____