

PORTLAND STATE UNIVERSITY
Department of Applied Linguistics
Ph: 503-725-4088
FAX: 503-725-4139

PERSONAL EVALUATION FOR GRADUATE ASSISTANTSHIP

NAME OF APPLICANT _____ SOCIAL SEC. # _____

DEPARTMENT _____ DAY PHONE # _____

TO EVALUATOR:

The above student has made application for a graduate assistantship at Portland State University. Your help in evaluating the applicant's potential will be appreciated.

I know the applicant (underline): very well well only slightly

The applicant was a student in (underline): lecture class other relationship (please specify)

I would estimate the applicant's strengths and weaknesses as follows:

as a Graduate Student

as a Teaching Assistant

as a Research Worker

In comparing this applicant's overall qualifications with other individuals of comparable experience, I would rate him/her in the (underline):

Top 10%

Top 25%

Top 50%

Lower 50%

A statement on the reverse side of this form regarding the applicant's personal attributes, personality, experience and any other data pertinent to the applicant's qualifications for employment will be appreciated and very helpful.

NAME _____ POSITION _____

ORGANIZATION _____

ADDRESS _____

Signature _____

Date _____

Return to: Department of Applied Linguistics
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P.O. Box 751
Portland, Oregon 97207-0751