The Project Management Graduate Program
Professional Evaluation Form

Prospective Student:
Please complete the top of this form and submit it to the evaluating individual

Applicant’s Name ________________________________________________________________________________
Last Name First Name M.I.

I □ waive □ do not waive my right of access to the completed evaluation under the Family Education Rights and Privacy Act of 1974.

Signature ___________________________________________ Date _____________________

Evaluator:
The person named above is applying to the Project Management Graduate Program at The University of Texas at Dallas. Your evaluation of the applicant is extremely important in the evaluation process, and the School of Management greatly appreciates the time you are taking to complete this evaluation. Please email, fax or mail the completed form directly to:

The University of Texas at Dallas
Project Management Program
800 West Campbell Road SM10
Richardson, TX 75080-3021
Fax: 972-534-1801 or 972-883-5979
Email: debbie@utdallas.edu

Please provide comments that you feel would be helpful to the Admissions Committee in determining the applicant's qualifications for successful completion of a demanding graduate program and the applicant's potential future role in senior management. (If you prefer, you may submit a separate statement on stationery.).

How long and in what capacity have you known the applicant? ________________________________________________________________
________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________

What do you consider to be the applicant's outstanding talents and/or strengths? _________________________________________________
________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________

What are the areas in which the applicant can improve? ________________________________________________________________
________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________

NOTE THIS IS A TWO PAGE EVALUATION FORM. PLEASE COMPLETE BOTH PAGES
Using the chart below, please evaluate the applicant relative to others you have known in a similar capacity.

<table>
<thead>
<tr>
<th>Ability</th>
<th>Outstanding (Top 10%)</th>
<th>Good (Top 25%)</th>
<th>Average (Middle 50%)</th>
<th>Below Average (Bottom 25%)</th>
<th>Not Observed</th>
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</thead>
<tbody>
<tr>
<td>Intellectual ability</td>
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<tr>
<td>Maturity</td>
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<td>Leadership Potential</td>
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<td>Self-Confidence</td>
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<td>Ability to work with others</td>
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<td>Analytical ability</td>
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<td>Motivation</td>
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<td>Perseverance</td>
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<td>Creativity and imagination</td>
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<td>Verbal communication skills</td>
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<td>Written communication skills</td>
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</table>

Briefly describe the group against which you are measuring the applicant's abilities
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Briefly use this space below to make any additional comments about the applicant, particularly his/her aptitude for graduate work and a career in senior management
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Overall rating of applicant: □ Strongly recommend □ Recommend □ Do not recommend

Name
Signature
Title
Company
Address
City __________________ State ____________ Zip Code __________ Phone ____________________________