



TEACHER EVALUATION

The evaluation must be completed by an academic teacher. This document does not become part of the applicant's permanent record at TCU. By submitting this evaluation, the applicant waives all access to the information contained within. Please note the due dates below.

APPLICANT'S FULL LEGAL NAME

APPLICANT'S PREFERRED NAME

APPLICANT'S ADDRESS: STREET (Ave., St., etc.)

CITY / STATE / ZIP

DATE OF BIRTH

SOCIAL SECURITY NUMBER { OPTIONAL }

TEACHER EVALUATION DUE DATES (POSTMARK)

I am applying for:

Early Action	November 1
Early Decision	November 1
Regular Decision	February 1
Transfer Scholarship Consideration	April 15

APPLICANTS, PLEASE STOP HERE!

If you have already completed the teacher evaluation from the Common Application for this applicant, feel free to submit a copy of that document to replace this page.

School name:

My career in education spans _____ years.

How long have you known this student? _____ In what capacity? _____

What adjectives best describe this student? _____

List the courses you have taught this student, with the student's year in school, and indicate any that are advanced or honors courses.

Check the most appropriate box concerning this student

No Basis for Judgment

Below Average

Average

Good

Excellent (top 10%)

Outstanding (top 2 or 3%)

One of the top few encountered

1. Creative, original thought
2. Academic motivation
3. Independence, initiative
4. Intellectual ability
5. Academic achievement
6. Academic potential
7. Extracurricular involvement
8. Leadership
9. Emotional maturity
10. Overall

Applicant/Student Name

Applicant Date of Birth

In the space below, or on an attached sheet, please tell us something significant about the student's academic and leadership qualities. Consider this an opportunity to represent the student beyond the information requested in the application. TCU evaluates applications using the traditional academic indicators, with additional emphasis on special talents, leadership potential and personal determination.

{ PLEASE PRINT }

STUDENT NAME

DATE OF BIRTH

TEACHER NAME

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TEACHER PHONE

EXTENSION

CEEB CODE NUMBER

POSITION / SUBJECT

TEACHER SIGNATURE

DATE

- Please be aware of the application deadline for transfer scholarship candidates. The teacher's evaluation must be postmarked by April 15.
- Thank you for your assistance! Please contact us if you have questions or comments.



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