

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 |
| Early Action II | January 1 |
| Final Deadline | February 15 |
| 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.



TCU Box 297013 ■ Fort Worth, Texas 76129 ■ www.admissions.tcu.edu
817.257.7490 ■ 800.TCU.FROG (828.3764) ■ FAX 817.257.7268