



University of Great Falls

1. The candidate ranks _____ in a class of _____ students.

This school does not rank its students.

2. In what capacity have you known the applicant? _____ For how Long? _____

3. Do you have confidence in the applicant's academic integrity? Yes No

4. Do you have confidence in his/her personal integrity? Yes No

If you answered no to either question, please explain on a separate sheet.

5. Has the student ever been subject to serious disciplinary action or been suspended or dismissed?

Yes No

If yes, please explain on a separate sheet

6. We are especially interested in knowing the characteristics of this student that distinguish him or her from other candidates nationwide who are seeking college entrance. Please use a separate sheet to submit any comments.

Using the chart below, please rate the applicant compared to other students in a similar capacity.

1=Outstanding, 2=Excellent, 3=Good, 4=Fair, 5=Poor, n/o=Not Observed.

Academic performance	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> n/o
Creative ability	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> n/o
Intellectual potential	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> n/o
Independence and initiative	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> n/o
Leadership potential	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> n/o
Judgment	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> n/o
Sense of responsibility	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> n/o
Maturity	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> n/o
Energy Level	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> n/o
Communication skills: Oral	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> n/o
Communication skills: Written	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> n/o
Organizational skills	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> n/o
Flexibility in work related situations	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> n/o
Ability to analyze a problem & formulate a solution	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> n/o
Ability to work with others	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> n/o
Ability to work independently	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> n/o
General knowledge level	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> n/o
Motivation for proposed program of study	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> n/o

Using the chart below, please rate the applicant compared to other students in a similar capacity.

1=Outstanding, 2=Excellent, 3=Good, 4=Fair, 5=Poor, n/o=Not Observed.

OVERALL	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> n/o
----------------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	------------------------------



University of Great Falls

3. Counselor or Teacher Signature

Teacher/Counselor Name

Position _____ School _____

Telephone (_____) _____ Email: _____

Please mail to:

Office of Admission
University of Great Falls
1301 20th St. South
Great Falls, MT 59405

Fax to:

406-791-5209

Questions, Contact us at:

800-856-9544
406-791-5202
enroll@ugf.edu