

ICMCTF Graduate Student Awards

Evaluation Form to be filled out by the Student's Advisor's

The ASED Awards Committee requests your opinion of the person named below who is under consideration for an ICMCTF Graduate Student Award. In addition to completing this form, please provide, on a separate sheet, your personal impressions of the candidate's intellectual capacity, character, personality, research ability, promise of productive scholarship, and previous work in areas of interest to ASED.

Name of candidate: _____

Expected degree and graduation date of candidate: _____

On the basis of ____ graduate students over the past ____ years, please rate this student based upon overall promise:

1	2	3	4	5	6
Above average	Good (Top 25%)	Very good (Top 10%)	Best student in dept. this year	Best student in dept. last 5 years	Best student in dept. last 10 years

Evaluator's name: _____ Signature _____

Position/title: _____

University and department: _____

Address: _____

E-mail address: _____

Telephone number: _____