



The Bologna Center  
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[www.jhubc.it](http://www.jhubc.it)

JOHNS HOPKINS  
UNIVERSITY  
The Paul H. Nitze School of  
Advanced International Studies

## Confidential Evaluation Form

Applicant: \_\_\_\_\_ Citizen of: \_\_\_\_\_  
*(Last Name)* *(First Name)*

**Applicant's Waiver:** The following waiver statement is provided in accordance with the US Family Education Rights and Privacy Act of 1974. You may waive your right to inspect this recommendation by signing the statement at your own discretion.

*"This is a confidential recommendation and will not be disclosed to me without the prior written consent of the evaluator."*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Recommender's Name: \_\_\_\_\_ Job Title \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**Note to Recommender:** The SAIS Bologna Center admits those applicants who show the best preparation in economics, history, political and social sciences and have an excellent knowledge of English. Please answer the questions below:

How long have you known the applicant?  < 1 year  1 year  2 years  3 years  4 years  > 4 years

In what capacity do you know him/her?  Professor  Supervisor  Colleague  Friend/Relative  Other

Do you feel that you know him/her well?  Yes, very well  Reasonably well  Not very well

How familiar are you with SAIS and its Bologna Center?  Very familiar  Somewhat familiar  Not familiar

Using the following scale, please rate the applicant relative to other students/applicants/employees you have known:

	<i>Lower 50%</i>	<i>Top 50%</i>	<i>Top 30%</i>	<i>Top 15%</i>	<i>Top 5%</i>
Academic Performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity/Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity/Originality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall judgment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Below Average</i>	<i>Average</i>	<i>Good</i>	<i>Very Good</i>	<i>Exceptional</i>

**PLEASE ATTACH A LETTER ADDRESSING THE FOLLOWING QUESTIONS:**

1. What are the applicant's major strengths?
2. What are the applicant's major weaknesses?
3. Please describe the quality of the applicant's contributions in a group/team environment (professional or classroom).
4. Please rate the applicant relative to other students/applicants/employees you have known.
5. If the applicant's native language is not English, please comment on his/her abilities in English.

Recommender's Signature \_\_\_\_\_ Date \_\_\_\_\_

*In order to ensure the authenticity of your evaluation please add your university or department stamp or seal, where possible.*

**MAILING INSTRUCTIONS:**

**Please return the form to the student in a sealed envelope. Remember to sign your name across the seal to ensure confidentiality.** If you prefer, you may send the form directly to the school (see address on top of form). Thank you for your cooperation and assistance.