

**UNIVERSITY OF WASHINGTON**  
**Department of Atmospheric Sciences**  
**GRADUATE STUDENT EVALUATION FORM**

\_\_\_\_\_  
(Printed Name of Applicant)

**PLEASE RETURN TO:**  
Graduate Services Office  
Department of Atmospheric Sciences  
Box 351640  
University of Washington  
Seattle, Washington 98195

The applicant understands that this form will be submitted to the institution in confidentiality by the referee. By signing below the applicant waives the right of examination (Public Law 93-380).

\_\_\_\_\_  
(Signature of Applicant)

**REFEREE:**

**1. Please comment here or in an attached letter on the student's preparation for graduate work in the atmospheric sciences.**

**2. How long have you known the applicant, and in what capacity?**

**3. In the following categories, please rate the applicant in comparison with other students you have recommended for graduate school:**

	Top 1%	Top 5%	Top 10%	Top 25%	Top 50%	Unable to Judge
Motivation to achieve						
Talent for Science						
Written communication skills						
Oral communication skills						
Emotional maturity						
Ability to work independently						
Overall ability						

**REFEREE SIGNATURE:** \_\_\_\_\_ **Date** \_\_\_\_\_

Printed Name and Institution \_\_\_\_\_