



**Candidate Information**

Last Name	First Name	Current/Most Recent High School/College
Permanent Home Address – Street/City/State/Zip ( )	( )	County (i.e. Hartford County) ( )
Home Phone	Cell Phone	Work Phone

**Enrollment Information**

I plan to enroll in:     
  Fall (August) 20\_\_\_\_     
  Spring (January) 20\_\_\_\_

I will be a:     
  First-Year Student  
 Transfer Student  
 Readmit Student  
 Second Bachelor's Degree Student

**Candidate Evaluation Form**

The candidate above has applied for admission to Saint Joseph College. We ask for your assistance in evaluating this candidate by completing the information below. Once complete, please place this evaluation in a sealed envelope and mail it to: Saint Joseph College 1678 Asylum Avenue West Hartford, CT 06117. Please feel free to attach additional information or a formal letter of recommendation to this form.

□ □

Last Name	First Name	Number of years you have known candidate
<b>Relationship to Candidate:</b>	<input type="checkbox"/> Teacher (Subject: _____) <input type="checkbox"/> Coach (Sport: _____)	<input type="checkbox"/> School Counselor <input type="checkbox"/> Other _____
E-mail Address	( ) Phone Number	
Signature	Date	

**Evaluation of Candidate:**

(Please respond candidly by checking the appropriate response to each prompt)

	Below Average	Average	Good	Very Good	Excellent (top 10%)	Outstanding (top 5%)
Academic Achievement						
Initiative, independence						
Reaction to setbacks						
Concern for others						
Creativity						
Maturity						
Work Ethic, motivation						