



VIRGINIA ASSOCIATION of SURVEYORS, INC. Educational Trust Student Evaluation Form

Professor: Please complete all sections of this evaluation form and mail to the Virginia Association of Surveyors Education Trust, 10340 Democracy Lane, Suite 300, Fairfax, VA 22033. Your evaluation is important to us in considering this application and we ask that you explain your comments fully. Attach sheets as required for additional remarks. All comments will be used only for evaluation purposes. Complete evaluation forms must be received by July 1st to qualify the student for funds in the same calendar year.

Name of Student:

Last

First

Middle

Professor:

Last

First

Middle

College or University

P. O. Box or Number & street

City

State

Zip

How long have you known the applicant: _____
Month/year to Month/year

Furnish information on the nature and frequency of your contacts and observations of the applicant.

Please rate each characteristic listed below using a scale of one to ten, with ten being superior and zero being inadequate.

Poor 0 - 1	Below Average 2 - 3	Average 4 - 5	Above Average 6 - 8	Superior 9 - 10
---------------	------------------------	------------------	------------------------	--------------------

Cooperation _____

Courtesy _____

Timeliness and Completeness _____

Participation in extracurricular activities _____

Initiative _____

Leadership _____

Maturity _____

Personal appearance _____

Using the above evaluation, indicate your overall rating for the applicant _____

The student's Grade Point Average is _____ on a point scale of _____
(Estimate if current is not available) (3 to 10)

Signature _____ Date _____