

# Evaluation Form

University of Hawaii at Manoa Astronomy Graduate Program

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## Part 1 (for Applicant)

\_\_\_\_\_  
Name of applicant

\_\_\_\_\_  
Affiliation

### Waiver of Access to Confidential Letters (Optional)

In accordance with Section 438 of the General Education Provisions Act (Title IV, P.L. 90-247, as amended), the undersigned hereby waives "right to access" to confidential letters and statements submitted to the University of Hawaii with respect to his or her application for assistantship, fellowship, traineeship, or other financial aid. It is understood that the yielding of the "right to access" is a voluntary act on my part and that I will not be permitted to view or otherwise obtain the information I have noted above.

\_\_\_\_\_  
Signature of applicant if requesting waiver

\_\_\_\_\_  
Date

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## Part 2 (for Referee)

\_\_\_\_\_  
Name of Referee

\_\_\_\_\_  
Affiliation

\_\_\_\_\_  
Position

\_\_\_\_\_  
Email address

*Please compare this applicant with other students who have graduated in physics or astronomy at your institution during the last five years. If such a comparison is not practical, please describe the peer group with whom you are comparing the applicant.*

	Top 10%	Top 20%	Top 40%	40-60%	Lower 40%	Unable to judge
Understanding of basic physics						
Signs of talent as a researcher						
Written communication skills						
Oral communication skills						
Ability to complete major tasks on time						
Scientific maturity						
Social maturity						
Potential for growth						

Approximate number in peer group: \_\_\_\_\_

My role has been mainly:

I have known the applicant for \_\_\_\_\_ years.

- Instructor in classes or labs  
 Research mentor  
 Other \_\_\_\_\_

*Please feel free to add any comments on this form or on an attached letter,*

\_\_\_\_\_  
Signature of referee

\_\_\_\_\_  
Date

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**Mail to:** Astronomy Graduate Admissions, Institute for Astronomy,  
2680 Woodlawn Drive, Honolulu, HI 96822, USA

**Deadline:** January 15