United States Senator Deb Fischer

U.S. Military Service Academy Nomination Form

COUNSELOR/PRINCIPAL EVALUATION

Name of Applicant:_____

Last First Middle

1. How long have you known the applicant and in what capacity?

2. Tell us about the applicant's talents or strengths.

3. What do you consider the applicant's weaknesses?

4. Please describe the applicant's leadership characteristics?

5. How does the applicant handle stressful situations?

6. Do you know of any personal circumstances that might affect the applicant's performance at the academy?

7. Please rank the applicant among his/her peer group:

_____ Excellent, among the best I have known

_____ Very Good, stands out in peer group

_____ Average

_____ Below Average

8. General Comments, Evaluation and/or Recommendation (please use additional sheets if necessary):

Print or Type Name_____Title_____

Name of School and Address_____

Date_____ Phone Number_____

Signature_____

Please place completed evaluation form in envelope with your signature written across the flap and return to the applicant.

Thank you for taking the time to complete this evaluation form.