

MAcc 4+1 Faculty Evaluation Form

Student's Name: _____

Faculty Member's Name: _____

Faculty Member Department: _____

Please rank the student on a scale of 1 (worst) to 5 (best) on the following skills and characteristics:

| Characteristics | 1 | 2 | 3 | 4 | 5 | Unable to Assess |
|--------------------------------|---|---|---|---|---|------------------|
| Academic potential | | | | | | |
| Intellectual ability | | | | | | |
| Maturity | | | | | | |
| Integrity | | | | | | |
| Initiative | | | | | | |
| Analytical skills | | | | | | |
| Time-management skills | | | | | | |
| Communication skills | | | | | | |
| Ability to work with peers | | | | | | |
| Motivated to learn and achieve | | | | | | |
| Integrates complex information | | | | | | |
| Completes assignments | | | | | | |
| Ability to work independently | | | | | | |
| Professionalism | | | | | | |

| | | | |
|---|---------------------|-----------|---------------------|
| Overall Recommendation: | Do not recommend | Recommend | Highly recommend |
| Overall, do you recommend UTC accept this individual into the MAcc program? | | | |

Additional comments:

Faculty Member's Signature: _____

Date: _____

PLEASE RETURN BY EMAIL TO: Elizabeth-Bell@utc.edu in the UTC College of Business Graduate Programs Office