

TUSKEGEE UNIVERSITY  
COLLEGE OF VETERINARY MEDICINE

**CONFIDENTIAL ACADEMIC EVALUATION FORM**

NAME OF APPLICANT: \_\_\_\_\_

ADDRESS OF APPLICANT: \_\_\_\_\_

NAME OF ACADEMIC EVALUATOR: \_\_\_\_\_

We invite your additional comments on the applicant including intellectual, personal, moral and social traits.

APPLICANTS MAY WAIVE THE RIGHT OF ACCESS WRITTEN EVALUATIONS AS PROVIDED FOR UNDER THE EDUCATION PRIVACY ACT OF 1974. PLEASE INDICATE YOUR WISHES BY SIGNING BELOW EITHER STATEMENT A OR B.

A. I hereby waive my right of access to the Confidential Evaluation provided by the person named on the front of this form. He/She should be notified that the confidentiality of the evaluation is preservedR