

**Sociology Department
Graduate Teaching Assistantship Evaluation Form**

Name of Applicant: _____

Name of Recommender: _____

____ I hereby waive any and all rights of access to confidential letters pertaining to this application. I understand that the completed form will be held in confidence from me and the public by the University of Hawai'i at Mānoa.

____ I DO NOT waive my right of access to this recommendation but I authorize the referee to provide a candid evaluation and all relevant information to the University of Hawai'i at Mānoa.

Applicant Signature

Date

To recommenders: We are interested in your estimate of the applicant's academic performance and promise, as well as the applicant's suitability to be a graduate teaching assistant in the Sociology Department. Feel free to attach a separate sheet of paper if desired

Recommender Signature

Date