

Section 1:

U.S. Coast Guard Academy

Math Instructor Evaluation

Director of Admissions (tp) U.S. Coast Guard Academy 31 Mohegan Avenue New London, CT 06320

800-883-8724 (phone) 860-701-6700 (fax)

www.uscga.edu admissions@uscga.edu Privacy Act Statement. In accordance with 5 USC 552a(e)(3), the following information is provided to you when supplying personal information to the USCG. (1) Authority which authorizes the solicitation of the information: 14 USC 182(a). (2) The Principal Purpose for this information is to ensure that the applicant is basically qualified to apply for the USCGA. (3) Routine uses which may be made of the info: As background info on applicants for the selection process. To contact the applicant. The SSN is a basic identifier. To determine if there are existing USCG records on the individual. In performance of the duties of officials and employees of the USCG, in managing and contributing to the admissions program and appointment of Cadets. (4) Disclosure of the information is voluntary, but the applicant will not be considered further if the information is not provided. Submissions of the Evaluator will not be disclosed to the applicant without consent.

Please provide the information requested in Section 1. On the front of a blank envelope, print the following four lines of information: (1) Your Name; (2) The last four digits of your SSN; (3) Math Instructor Evaluation; and (4) U.S. Coast Guard Academy. Provide this form and the envelope to your math instructor and request that the form be returned to you in the sealed envelope. This form must be returned to the Admissions Office, along with your other supplemental forms, by March 1st.

Name:	Last Four Digits of SSN:			
City:	State:	Zip Code:	-	
Telephone:	Email:			
Section 2: The above student is applying envelope provided by the applicant. Sign student. On the back of this form or in will: 1) Perform in a rigorous technica Thank you for your time and assistance.	n your name over the envelope so n a separate letter of recommen	eal to ensure confidendation, please disc	entiality and recuss how well	eturn it to the
Did you stipulate confidentiality as a condition for providing information? (Please circle one)	Do you have low, average, or high familiarity with this applicant? (Please circle one)	S		16
Yes No Please check the appropriate box:	Low Average High	100 100 100 100 100 100 100 100 100 100	Hove A craige	Nor Observed
Commitment to learning and personal growth			\ \`\	\rightarrow
Commitment to a healthy lifestyle				
Ability to think critically			 	$\overline{}$
Communicates effectively face to face			 	-
Communicates effectively in written work			 	- -
Takes advantage of opportunities to reach full po	tential			
Accepts criticism and makes improvements				
Adjusts to a demanding schedule of activities with	nout neglecting school work			
Exerts maximum effort showing a strong desire to				
Sets high standards for own performance in a vai	riety of pursuits			
Consistently respects others				
Takes action to include group members who are s	truggling or left out			
Gains respect from peers				
Name:	Title:			
Signature:	Date:	Telephone:		
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An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The Coast Guard estimates that the average burden for this form is 15 minutes. You may submit any comments concerning the accuracy of this estimate or any suggestions for reducing the burden to: U.S. Coast Guard Academy, 31 Mohegan Avenue, New London, CT 06320, or Department of Homeland Security Desk Officer, Office of Management and Budget, Office of Information and Regulatory Affairs, Washington, D.C. 20503.