ADVISOR SHEET

STUDENT PERSONAL INFORMATION			
LAST NAME	FIRST NAME	MIDDLE NAME	SOCIAL SECURITY NUMBER - -

ADVISOR INFORMATION		
LAST NAME	FIRST NAME	MIDDLE NAME

Title of course to which credit will be applied

Number of credits

SIGNATURE OF ADVISOR

Signature

DISCLOSURE OF STATEMENT: (Please check one.)

❒ The information on this form is confidential and should not be shared with student.

❒ The information on this form can be shared with the student.

Please evaluate the candidate on the following categories:

1 Poor 2 Average 3 Good 4 Outstanding

1 Punctuality and attendance: ❒ 1 ❒ 2 ❒ 3 ❒ 4

Comments: _____

2 Ability to follow directions: ❒ 1 ❒ 2 ❒ 3 ❒ 4

Comments: _____

3 Enthusiasm: ❒ 1 ❒ 2 ❒ 3 ❒ 4

Comments: _____

4 Quality of work: ❒ 1 ❒ 2 ❒ 3 ❒ 4

Comments: _____

5 Ability to work independently: ❒ 1 ❒ 2 ❒ 3 ❒ 4

Comments: _____

SEND COMPLETED APPLICATIONS TO: VOLUNTEER SERVICES

WAVE FOUNDATION AT THE NEWPORT AQUARIUM
VOLUNTEER SERVICES
ONE AQUARIUM WAY
NEWPORT, KY 41071
(859)815-1441