



UNIVERSITY OF  
SAN FRANCISCO

# Teacher Evaluation Form

## To the Applicant:

Please fill out the top portion of this form. When completed, give this form to a teacher who has taught you an academic subject (for example, English, foreign language, math, science, or social studies).

Legal Name: (please enter your name as it appears on official documents)

Male

Female

\_\_\_\_\_  
*Last/Family/Sur*

\_\_\_\_\_  
*First/Given*

\_\_\_\_\_  
*Middle*

\_\_\_\_\_  
*Jr., etc.*

Birth Date

\_\_\_\_\_  
*mm/dd/yyyy*

Social Security#

\_\_\_\_\_  
*SSN is required when filing for Financial Aid (FAFSA)*

Street Address

\_\_\_\_\_  
*Number and Street*

\_\_\_\_\_  
*Apt #*

City

State

Zip/Postal Code

School you now attend

CEEB/ACTCode

## Right of Access:

Understand that the Family Education Rights and Privacy Act (FERPA) of 1974 allows me the option to choose whether I will, or will not, have the right of access to read this letter of recommendation. Accordingly, I choose the following option by checking the appropriate box:

I waive access to this letter of recommendation. I understand it shall remain confidential and that I will not have access to read it.

I do not waive access to this letter of recommendation. I retain my right to have access to read it during the admission process at the University of San Francisco.

## To the School Official/ Evaluating Teacher:

The student listed above is a candidate for admission to the University of San Francisco. We would value your candid appraisal of this applicant. The university will use this letter only in the evaluation of the student's application for admission. Please complete this form and attach your separate letter of recommendation. Once completed, please mail to the following address:

**University of San Francisco**

**Office of Undergraduate Admission**

**2130 Fulton Street**

**San Francisco, CA 94117**

How long have you known this applicant? \_\_\_\_\_

List the courses you have taught this student, noting the student's year in school and the level of difficulty (AP, IB, accelerated, honors, etc.) \_\_\_\_\_

Print Name: \_\_\_\_\_

Position: \_\_\_\_\_

School/Institution: \_\_\_\_\_

School Street Address: \_\_\_\_\_

City

State

Zip Code

Email Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

SIGNATURE OF EVALUATING TEACHER: \_\_\_\_\_

DATE: \_\_\_\_\_