



Boston University School of Education
 Graduate Admissions Office
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 Boston, MA 02215
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RECOMMENDATION FORM

Graduate Programs

To the Applicant: This recommendation will become part of your admissions file. It will not be disclosed to any unauthorized individual without your consent. If you matriculate at Boston University, you will be accorded access to its contents unless you voluntarily waive your right of access. Please check yes or no and sign the statement below before you give the form to the evaluator. Please enter your name and the program and field to which you are applying as indicated below. Recommendations should be submitted in sealed envelopes that have been signed across the seal by the evaluator.

Name of applicant _____
Last name/Family name First name Middle name Suffix

Applicant for _____ in _____
(Degree or certificate) (Program)

Do you want to waive your right to review this recommendation? ____ Yes ____ No

Signature _____ Date _____

To the Evaluator: Thank you for taking the time to support the graduate admissions process. Please fill out the form below. You may attach additional sheets if necessary. You may also attach a letter instead of answering the questions on this form. Recommendations should be submitted in sealed envelopes with your signature across the seal. Please also ensure that you sign the second page of this form and/or any attachments.

Under the 1974 Family Educational Rights and Privacy Act, the applicant named above will have access to this recommendation unless he/she has waived that right.

Name _____
Last name/Family name First name Middle name Suffix

Organization _____ Position _____

Address

Street _____

City _____ State _____ Zip code _____ Country _____

Day phone _____ Evening phone _____ Fax _____

Email Address _____

1. How long and under what circumstances have you known the applicant? _____

2. Are you familiar with the applicant's scholastic record? ____ Yes ____ No

If yes, is the scholastic record an accurate index of the applicant's academic ability? ____ Yes ____ No

Please explain _____

3. Complete the rating scale below by placing a check mark in the appropriate box to the right of each attribute. Persons familiar with applicants for graduate study should interpret the rating scale as relating to the total population of such a group.

| Attribute | No basis for evaluation | Very poor | Below average | Average | Above average | Outstanding |
|--|-------------------------|-----------|---------------|---------|---------------|-------------|
| a. Professional competence | | | | | | |
| b. Leadership ability or potential | | | | | | |
| c. Academic ability | | | | | | |
| d. Teaching skills | | | | | | |
| e. Research ability | | | | | | |
| f. Program development ability or potential | | | | | | |
| g. Social or interpersonal competence | | | | | | |
| h. Ability to communicate | | | | | | |
| i. Motivation toward public or human service | | | | | | |

4. Please include below additional specific observations or comments that will assist us in our consideration of the applicant. As an alternative, you may attach a separate document to this form.

5. Summary evaluation

- I do not recommend this applicant for admission.
- I feel that the applicant's qualifications are marginal, but, if admitted, he/she would greatly benefit from study in the program.
- I recommend this applicant for admission and feel his/her performance should be comparable to that of most graduate students.
- I strongly recommend this applicant for admission and feel that he/she has the capability to perform at a superior level.

Signature _____ Date _____

Thank you for your cooperation and effort in providing this information.