



Boston University Metropolitan College

Letter of Recommendation Application for Graduate Admission

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 one of the options below, and fill in your name, program, signature, and the date.

I have read the information above and hereby ☐ waive ☐ do not waive my right of access to this document should I matriculate at Boston University.

Name _____
LAST FIRST MIDDLE

Signature _____ Date _____

Program applying to _____

To the Evaluator:

The person whose name appears above has applied for admission to a graduate program at Boston University Metropolitan College. The Admissions Committee attaches great weight to an applicant's qualifications that are not adequately reflected in past academic records. Therefore, a personal, frank assessment of the applicant is invaluable to the Admissions Committee.

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

Letter of Recommendation

Your name _____ Email _____

Position and title _____

Organization/Company name _____

Address _____

Daytime telephone: (_____) _____
AREA CODE

Important Notice: Boston University Metropolitan College permits applicants to submit supporting documents, such as your recommendation, along with the application. With this in mind, we ask that you please return your recommendation to the applicant in an envelope, *making certain to sign and seal the back of the envelope*. However, if you would rather submit the recommendation form directly to the applicant's program, it can be mailed in a **signed and sealed** envelope to the program of application at Boston University Metropolitan College, 808 Commonwealth Avenue, Boston, MA 02215. [If you choose to mail this form for an applicant to the Actuarial Science Program, please direct your recommendation to the Actuarial Science Program, Boston University Metropolitan College, 96-100 Cummington Street, Suite 160, Boston, MA 02215. For the MS in Advertising, please direct your recommendation to the MS in Advertising Admissions Committee, Boston University Metropolitan College, 755 Commonwealth Avenue, Boston, MA 02215. For the Military Programs, please call 910-451-5574 (NC or VA) or 781-377-3454 (MA) to find out where to file.]

1. How long have you known the applicant?

2. Under what circumstances have you known the applicant?

3. 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 (use separate sheet if necessary):

4. What are the applicant's main strengths?

5. What are the applicant's main liabilities or weaknesses?

6. How well does the applicant communicate orally and in writing? (If English is not the applicant's native language, how would you rate his/her oral and written proficiency in English?)

7. Please assess the applicant's analytical skills.

Unable to judge
☐

Poor
☐

Average
☐

Good
☐

Outstanding
☐

Exceptional
☐

8. On the scale below, please compare the applicant's intellectual ability with that of others of the same general background whom you have known during your professional career. Please indicate the reference group (students, employees, and so on). _____

Unable to judge
☐

Poor
☐

Average
☐

Good
☐

Outstanding
☐

Exceptional
☐

9. The Admissions Committee would appreciate any additional statement you may wish to make concerning the applicant's capacity for graduate study and his/her potential for a responsible and successful professional career.

10. Summary evaluation:

- ☐ I do not recommend this applicant for admission.
- ☐ I feel that the applicant's qualifications are marginal, but if admitted, the applicant 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.

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

Signature _____ Date _____

Boston University's policies provide for equal opportunity and affirmative action in employment and admission to all programs of the University.