## WENTWORTH INSTITUTE OF TECHNOLOGY



ADMISSIONS OFFICE 550 HUNTINGTON AVENUE BOSTON, MA 02115-5998, USA PHONE 800.556.0610 or 617.989.4000 FAX 617.989.4010 EMAIL admissions@wit.edu www.wit.edu

# **RECOMMENDATION FORM**

### TO THE APPLICANT

Wentworth Institute of Technology requires a recommendation from a teacher or guidance counselor. Additional recommendations from teachers, employers, or coaches are optional. After completing the questions below, please give this form to the person(s) you have asked to write on your behalf about your academic and/or professional abilities.

Name				
	LAST (FAMILY)	FIRST	MIDDLE	SUFFIX
U.S. Social Security Number				e or Female Circle One)
Address				
	NUMBER & STREET	APAI	RTMENT NUMBER	
	CITY/TOWN	STATE/PROVINCE	COUNTRY	POSTAL CODE
Current School			CEEB/ACT Code	
recommendation cannot see the ma on your behalf.	<b>VACY NOTICE:</b> Under the terms of the I (s) after you matriculate, unless you wa aterials you submit or other supporting <b>Ves</b> , I waive my right to access, and I u upplication materials submitted by me control I do not waive my right to access, a upplication materials submitted by me control I waive my right to access.	aive your right to access this information application materials, including this inderstand I will never see this form or on my behalf. nd I may someday choose to see this	ation. By waiving this right, yc s form and any recommendation or any other recommendations	ou understand that you ns that are submitted or supporting
Signature			Date//	

### TO THE RECOMMENDER

Wentworth Institute of Technology appreciates your candid evaluation of the student indicated above. These recommendations assist us in selecting among the qualified candidates that apply each year. You may complete this form or send another reference you have written on behalf of this student. Send it promptly to our Admissions Office at the contact information above. Thank you.

Name			Subject/Title			
		PLEASE PRINT				
Signature	e			Date	/ / MONTH/DAY/YEA	R
School/C	Company					
Address						
	NUMBER & STREET	CITY/TOWN	STATE/PROVINCE		COUNTRY	POSTAL CODE
Phone (	)		Email			
	AREA CODE NUM	MBER EXT.				

# **RECOMMENDATION FORM**

#### **BACKGROUND INFORMATION**

How long have you known this student and in what context?

What are the first words that come to your mind to describe this student?

### RATINGS

Compared to other students in his/her class year, how do you rate this student in terms of:

No Basis		Below Average	Average	Good (Above Average)	Very Good	Excellent	Outstanding	One of the top few I've encountered
	Academic achievement							
	Intellectual promise							
	Quality of writing							
	Creative, original thought							
	Productive class discussion							
	Respect accorded by faculty							
	Disciplined work habits							
	Maturity							
	Motivation							
	Leadership							
	Integrity							
	Reaction to setbacks							
	Concern for others							
-	Self-confidence							
	Initiative, independence							
	OVERALL							

#### **EVALUATION**

Please share what you think might be important, including a description of this student's academic and/or professional abilities and personal characteristics. Include things you think will help us differentiate him/her from others. (Feel free to attach additional sheets or another reference you may have prepared on behalf of this student.