



BOSTON COLLEGE

GRADUATE SCHOOL OF ARTS AND SCIENCES

Send Document To:
Boston College Graduate School of Arts & Sciences
Admissions Processing Center
P.O. Box 229
Randolph, MA 02368-9998

LETTER OF RECOMMENDATION

EAGLE ID (E-MAILED TO YOU AFTER YOU SUBMITTED THE APPLICATION FORM):

DATE OF BIRTH: --
MM DD YYYY

LEGAL NAME: _____
LAST/ FAMILY NAME FIRST MI

DEPARTMENT APPLYING TO: _____ PROGRAM OF STUDY: _____

DEGREE SOUGHT: _____ INTENDED TERM OF ENTRY: _____

E-MAIL ADDRESS: _____

TO BE READ BY APPLICANT AND RECOMMENDER

Under the Family Educational Rights and Privacy Act of 1974, students enrolled at Boston College have access to their admission records, including letters of recommendation. However, students may waive their right to see letters of recommendation, whereupon such letters will be held in confidence. If the applicant has not signed a waiver, it is assumed that this letter is submitted with the recommender's understanding that the applicant, once registered at Boston College, may request to see the letter. The alternative selected will not affect consideration of the application for admission.

I HAVE RETAINED MY RIGHT OF ACCESS TO THIS RECOMMENDATION I HAVE WAIVED MY RIGHT OF ACCESS TO THIS RECOMMENDATION

SIGNATURE OF APPLICANT DATE

TO BE COMPLETED BY THE RECOMMENDER

1. PLEASE RATE THE APPLICANT IN COMPARISON WITH OTHER STUDENTS KNOWN TO YOU WHO HAVE APPLIED FOR ADMISSION TO GRADUATE SCHOOLS, WITH THE NUMBER ONE BEING THE HIGHEST RATING.

	SUPERIOR	EXCELLENT	GOOD	AVERAGE	POOR	UNABLE TO JUDGE
INTELLECTUAL ABILITY						
BREADTH OF GENERAL KNOWLEDGE						
ABILITY IN ORAL EXPRESSION						
ABILITY IN WRITTEN EXPRESSION						
PERSEVERANCE						
IMAGINATION AND PROBABLE CREATIVITY						
POTENTIAL AS A TEACHER						
MOTIVATION FOR PROPOSED PROGRAM OF STUDY						

2. PLEASE GIVE THE APPLICANT'S RELATIVE STANDING IN YOUR DEPARTMENT, E.G., 7TH OF 89, TOP 5%, ETC. _____

[CONTINUED ON THE NEXT PAGE.]

