



BOSTON COLLEGE LYNCH SCHOOL OF EDUCATION

..... LETTER OF RECOMMENDATION

TO BE COMPLETED BY THE APPLICANT

LEGAL NAME: _____
LAST NAME FIRST NAME MIDDLE

EAGLE ID: [][][][][][][][][]

DATE OF BIRTH: [][]-[][]-[][][][][]
MONTH DAY YEAR

EMAIL ADDRESS: _____

PROGRAM APPLYING TO: _____

DEGREE: _____

CONCENTRATION: _____

INTENDED TERM OF ENTRY: _____

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 THE APPLICANT

DATE

TO BE COMPLETED BY THE RECOMMENDER

Please rate the applicant in comparison with other students known to you who have applied for admission to graduate school.

	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 Creativity						
Potential as a Teacher						
Conceptual-Critical Thinking Skills						
Maturity						
Leadership Ability						
Demonstrated Interest in Social Justice						

[CONTINUED ON THE NEXT PAGE]

Please give the applicant's relative standing in your department, e.g., 7th of 89, top 5%, etc. _____

How do you rate the applicant in overall ability and promise in comparison with other students at the same level of training?

- | | |
|---|--|
| <input type="checkbox"/> WILL PERFORM AT A SUPERIOR LEVEL WHEREVER ADMITTED. | <input type="checkbox"/> QUALIFICATIONS MARGINAL, BUT WARRANTS CONSIDERATION. |
| <input type="checkbox"/> EQUAL TO THE BEST IN ANY DEPARTMENT. | <input type="checkbox"/> QUESTIONABLE WHETHER ADMISSION TO FURTHER STUDY IS WARRANTED. |
| <input type="checkbox"/> PERFORMANCE SHOULD BE UP TO AVERAGE OF MOST GRADUATE STUDENTS. | <input type="checkbox"/> NOT ABLE TO JUDGE. |

If the applicant's native language is not English, please evaluate English proficiency: _____

The Lynch School would appreciate your evaluation of the applicant's capacity for success as a graduate student undertaking advanced study in his/her proposed field of study. Please submit your letter of recommendation on a separate sheet of paper and attach it to this form. If possible, compare the applicant to other students known to you who have attended or who are now applying for admission to this school. It would also be helpful for us to know how long, and in what capacity, you have known the applicant.

Please enclose this form with your letter in a sealed envelope with your signature across the back.

Thank you for providing us with your recommendation.

RECOMMENDER'S NAME: _____ TITLE: _____
FIRST LAST

SCHOOL/COMPANY: _____ DEPARTMENT: _____

ADDRESS: _____ TELEPHONE: _____

EMAIL: _____

SIGNATURE OF THE RECOMMENDER

DATE

The applicant is to send the unopened envelope with the remaining application materials to the address below.

The recommender may also mail this form directly to the following address:

Lynch School of Education
Boston College
Data Processing Center
P.O. Box 226
Randolph, MA 02368-9998