



Accelerated Medical and Dental Programs Teacher Evaluation

Boston University Admissions

Accelerated Programs Coordinator
121 Bay State Road
Boston, MA 02215
617-353-2300
www.bu.edu/admissions

To the applicant: Applicants to any of the College of Arts & Sciences' accelerated medical or dental programs must submit three teacher evaluations—one each from a teacher of English, laboratory science, and either history or a foreign language. Please photocopy this form and distribute it to those teachers. Please check the subject area of the teacher completing this form:

English
7E

History
7H

Foreign language
7L

Laboratory science
7S

Name _____
LAST FIRST MIDDLE

Date of birth _____
MONTH DAY YEAR

Social Security number [] [] [] - [] [] - [] [] [] []

Please note that while this information is not required, it is highly recommended for students who will be submitting the CSS/PROFILE and FAFSA to Boston University Financial Assistance.

Accelerated Program of application (please check one): Accelerated Program in Liberal Arts and Medicine [CAS 06]
 New Jersey Medical Program [CAS 66] (New Jersey residents only)
 Accelerated Program in Liberal Arts and Dentistry [CAS 24]

Please note: In order to be considered for one of the accelerated programs, you must select it as your program of application on the Boston University Common Application Supplement. Students who have not made this selection will not be considered for admission to these programs.

1974 Family Educational Rights and Privacy Act

This Teacher Recommendation form will become part of your application file. It will be used only for the purposes specifically intended. If you matriculate at Boston University, you will be granted access to its contents unless you voluntarily waive your right of access. Please check one of the boxes and sign the statement below.

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.

Signature _____ Date _____

TO THE TEACHER: THANK YOU FOR YOUR TIME. PLEASE SEND THE COMPLETED FORM BY DECEMBER 1, 2008, TO: BOSTON UNIVERSITY ADMISSIONS, ACCELERATED PROGRAMS COORDINATOR, 121 BAY STATE ROAD, BOSTON, MA 02215. PLEASE WRITE "TEACHER EVALUATION" IN BOLD LETTERS ON THE ENVELOPE.

Please use the space provided below and on the back of this page to comment on the following three items. If you have already written similar comments about the student on another form, please feel free to attach a copy of that form to this page.

1. How long have you known the applicant and in what context?

2. We would appreciate any observations you may have about the applicant's academic work and intellectual qualities, degree of motivation for academic achievement, and potential for academic growth.

3. What can you tell us about the applicant's character and personal qualities? Are there any special strengths or weaknesses that we should consider? Does this applicant exhibit an appropriate level of maturity?

Please check the boxes on the basis of your knowledge of this candidate.

	Below average	Average	Good	Very good	Outstanding	One of the best in my career
Academic promise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Character and personal promise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signature _____ Date _____

E-mail address _____ @ _____

Please print name _____ Subject area _____

High school _____ College Board CEEB code _____