Boston University Graduate School of Arts & Sciences 705 Commonwealth Avenue, Suite 112 Boston, Massachusetts 02215



BA/MA and BA/MS Programs Recommendation for Admission

The applicant should complete the top portion of this form and then submit it to the person providing the recommendation. Please print or type.

Applicant's name:

Department/Program of proposed study:	
Referee's name:	
Title:	Department:
Institution:	
To the Applicant: As required by the Family Educational Rights and Privacy Act (FERPA) of 1974, letters and other materials in support of an application to the BA/MA and BA/MS programs are open for inspection by the applicant. Some people are asked to write recommendations, however, wish that such recommendations not be available to the applicant. You are free to choose whether or not to sign the waiver provided below which will allow the BA/MA and BA/MS programs to treat only this recommendation form, or letters written in lieu of this form, as confidential. This waiver is not required as a condition of admission or financial aid.	
I hereby waive my right to inspect this recommendation as provided by the Family Educational Rights and Privacy Act of 1974.	
Signature:	Date:
To the person making the recommendation: If the above waiver has not been signed by the person for whom this recommendation is being made, it will be treated as a non-confidential document and inserted into a file which the applicant has a right to inspect. If you choose not to use the form for your recommendation, please return the form with your letter so that the above waiver may apply to any such letters written by you.	
What is your overall ranking of this applicant as compared with other students you have known at his or her education level?	
upper 1% upper 5% upper 10%	upper 25% upper 50% lower 50%
How do you feel this student will perform in relation to present master's students in your department?	
On a separate page or on the back of this form please give any additional information you feel will help the Admission Committee in its decision.	
Please print name	Department/Institution
Referee's Signature	Date