



Boston University College of Communication

640 Commonwealth Avenue
Boston, Massachusetts 02215 U.S.A.
617-353-3481

DUE FEBRUARY 1

Letter of Recommendation

NOTE TO APPLICANT:

This recommendation will become part of your admissions file. It will not be disclosed to any unauthorized individual without your consent. If you matriculate at Boston University, you will be accorded 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 I hereby waive do not waive my right of access to this document should I matriculate at Boston University.

Signature of applicant _____ Date _____ Applicant's e-mail _____

Name of applicant _____
Last First Middle

Proposed major _____

Name of evaluator _____

TO THE EVALUATOR: Please fill out the remainder of this form and **attach letter of recommendation.**

The Admissions Committee would appreciate a statement about the applicant named above, with emphasis on such factors as potential for graduate study, extent of general knowledge, motivation, perseverance, ability to express himself/herself, and potential for a career in communication. **Letters of recommendation must be received by February 1. Letters received after that date cannot be considered and will jeopardize the applicant's application.**

Under the 1974 Family Educational Rights and Privacy Act, the applicant named above will have access to this recommendation unless he/she has waived that right.

All letters of recommendation must arrive at the College of Communication in signed and sealed envelopes or via our online application system.

Summary Evaluation (1-4, four being the highest)

- (1) **I do not recommend** this applicant for admission.
- (2) I feel that the applicant's qualifications are **marginal**, but if admitted, the applicant would greatly benefit from study in the program.
- (3) **I recommend** this applicant for admission and feel his/her performance should be comparable to that of most graduate students.
- (4) **I strongly recommend** this applicant for admission and feel that he/she has the capability to perform at a superior level.

Thank you for your cooperation and effort in providing this information. Please return in a signed and sealed envelope to the student (preferred) or to the address listed below.

Graduate Services
Boston University
College of Communication
640 Commonwealth Avenue
Boston, MA 02215

Name _____ Signature _____
 Position _____ Organizational affiliation _____
 Phone _____ E-mail _____

This form, along with a letter of recommendation, must be received by February 1. The letter must arrive to us in a signed and sealed envelope, or online via our online application. We do not accept faxed or e-mailed recommendations.