



College of Engineering
Graduate Programs
48 Cummington Street
Boston, Massachusetts 02215

Recommendation for Admission

The applicant should complete all relevant sections below and submit this form to the person providing a recommendation. Materials submitted in support of an application become the property of the University, and neither originals nor copies will be returned. (Please type or print.)

To be completed by the applicant:

Semester/Year of intended enrollment _____

Name of applicant:

Birth date _____
month/day/year

last (family) name

first

middle/maiden

Application for:

- Aerospace
- Biomedical
- Computer (PhD)
- Computer Systems (MS)
- Electrical
- Global Manufacturing (MS)
- Manufacturing
- Mechanical
- Photonics (MS)
- Systems (PhD)

Degree Program:

- Postbachelor's PhD
- Post-master's PhD
- Master of Science
- BS/MS
- LEAP

Evaluator's name _____

Title or position _____

Institution/Company _____

Department _____

Telephone number _____

Fax number _____

E-mail address _____

TO THE APPLICANT: This recommendation will become part of your Admissions file. It will not be discussed with 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 _____ Date _____

TO THE PERSON MAKING THE RECOMMENDATION: Under the 1974 Family Educational Rights and Privacy Act, the applicant named above will have access to this recommendation unless he or she has waived that right. If you choose not to use this form for your recommendation, please return the form with your letter so that the above waiver may apply to such letters.

Acquaintance with applicant:

1. I have known the applicant for _____ years and/or _____ months.
2. I have known the applicant as an undergraduate a graduate student a research assistant a teaching assistant other (specify) _____
3. I have served as the applicant's research advisor major advisor teacher in several classes teacher in only one class other (specify) _____
4. Would you accept the applicant as a PhD student? Yes No

Applicant's Overall Ability: In comparison with students in the same field who have had approximately the same amount of experience and training, how do you rate the applicant in general all-around ability?

- 1 Top 1%. A person who, in your experience, appears once every few years.
- 2 Highest 5%. Comparable to the best student in a current class.
- 3 Next highest 5%.
- 4 Ability easily identifiable, but not in upper 10%. Probably upper 15%. Certainly upper 25%.
- 5 Upper 50%.
- 6 Lower 50%.

In the space below, please explain the basis for your rating of the applicant's overall ability.

On this page or on a separate sheet of paper, please describe in some detail the applicant's abilities. Comment on his or her potential for scholarly achievement, elaborating, where appropriate, on such matters as versatility, creativity, ability to make sound judgments, laboratory skills, major academic weaknesses (if any), performance by the applicant in independent study or in research-participation programs, and any other characteristics you deem pertinent. If you have knowledge of the applicant's research plan, please also comment on that plan. Several paragraphs regarding the applicant's ability will be more informative than one or two sentences.

Signature _____ Date _____

Please return in a sealed envelope to either the applicant or:

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