



Boston University  
Graduate School of Arts and Sciences

705 Commonwealth Avenue  
Boston, Massachusetts 02215  
U.S.A.

# 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 provided.**

(Please type or print.)

**Applicant's name** \_\_\_\_\_  
(Family Name) (Given Name) (Middle)

**Applicant for**  Master of Arts Date of birth \_\_\_\_\_  
 (Postbachelor's) Doctor of Philosophy  
 (Post-master's) Doctor of Philosophy  
 Nondegree  
 Master of Science (Bioinformatics Program only)  
 MS/PhD (Bioinformatics Program only)

**Department name** \_\_\_\_\_ **Specialization** \_\_\_\_\_

**Evaluator's name** \_\_\_\_\_ **Title or Position** \_\_\_\_\_

**Institution/Company** \_\_\_\_\_

**Address** \_\_\_\_\_

**Telephone Number** \_\_\_\_\_ **E-mail** \_\_\_\_\_

**To the 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** \_\_\_\_\_ **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/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. Please be advised that under certain circumstances, this evaluation may be reviewed by someone other than a member of the admissions committee of the department indicated above.

The Committee on Admissions of the Graduate School of Arts and Sciences will greatly appreciate your cooperation in providing an evaluation of the applicant's potential as a graduate student.

**1. How well do you know the applicant?** (Check as many as apply)  
 as reported by junior staff members  
 as a student in a large lecture course  
 as a student in a small class  
 as a student in laboratory courses  
 as a student engaged in research or independent study under my direction  
 as my advisee  
 other (state) \_\_\_\_\_

**2. How long have you known the applicant?** \_\_\_\_\_

**3. For what level of graduate study do you recommend the applicant?**  
 a program leading to the master's degree only  
 a program leading to the PhD degree

**4. Would you accept this student to work with you toward a PhD degree? If no, please comment.**  
 Yes  
 No \_\_\_\_\_

5. Please summarize your evaluation by checking your estimate on the following items. ("Exceptional" should indicate that the applicant is comparable to the most-qualified students that you have known. "Good" should indicate a positive recommendation with no reservation.)

a.	General Qualifications	Exceptional	Good	Fair	Doubtful	Poor	No basis for judgment
	Ability to engage in independent inquiry						
	Ability to express self in writing						
	Breadth of general knowledge						
	Analytical skills—science and mathematics						
	Emotional stability and maturity						
	Intellectual ability						
	Motivation						
	Perseverance						
	Potential as a creative scholar						
	Responsibility in assignments and undertakings						
b.	Potential as a Teacher						
	Ability to stimulate interest						
	Breadth of perspective on field of study						
	Interest in teaching						
	Poise and clarity of expression						
	Proficiency and experience in working with groups						
c.	Laboratory Skills (for applicants in science)						

6. What is your overall ranking of this applicant as compared with other students you have known at his or her educational level?

- Upper 5%  
 Upper 10%  
 Upper 25%  
 Upper 50%  
 Lower 50%

7. In a brief statement, describe the major strengths and weaknesses of the applicant as a potential graduate student.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please return to:**

BOSTON UNIVERSITY  
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 Admissions Office  
 705 Commonwealth Avenue  
 Boston, Massachusetts 02215  
 U.S.A.