



## High School Honors Program Recommendation Form

### TO THE APPLICANT:

After completing all the relevant questions below, please have a guidance counselor and a teacher of one of your **academic** subjects (English, foreign language, math, science, or social studies) fill out the rest of the form.

Name \_\_\_\_\_

Date of Birth (MM/DD/YY) \_\_\_\_\_

Street Address \_\_\_\_\_

City/State/Zip Code \_\_\_\_\_ Country (if not U.S.) \_\_\_\_\_

Applicant's Phone (\_\_\_\_) \_\_\_\_\_ Applicant's Email\* \_\_\_\_\_

High School \_\_\_\_\_

*\* Email is our primary form of communication. Please contact our office if you change your email address after submitting your application.*

Applying for financial aid?     Yes     No

### IMPORTANT PRIVACY NOTICE:

Under the terms of the Family Education Rights and Privacy Act (FERPA) you WILL have access to your recommendation after you matriculate unless you waive your right to access below:

- Yes, I do waive my right to access, and I understand I will never see this recommendation.
- No, I do not waive my right to access and may someday choose to review this recommendation.

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

### TO THE RECOMMENDER:

Please be candid in your evaluation. Recommendation forms must be postmarked by May 14, 2012 (April 20, 2012, if the student is applying for financial aid). When completed, be sure to sign on page 2.

Please place the form in a sealed envelope and send it to:

Boston University Summer Term  
High School Honors Program  
755 Commonwealth Avenue, Room 105  
Boston, MA 02215

### BACKGROUND INFORMATION:

How long have you known this student and in what context?

What are the first words that come to your mind to describe this student?

How do you think this student would handle taking two college courses over six weeks?



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### RATINGS

Compared to other students in his or her class year, how do you rate this student in terms of:

	No Basis	Below Average	Average	Above Average	Excellent (top 10%)	One of top few encountered in career
Academic achievement						
Intellectual promise						
Quality of writing						
Creative, original thought						
Productive class discussion						
Respect accorded by faculty						
Respect accorded by students						
Disciplined work habits						
Maturity						
Motivation						
Leadership						
Integrity						
Reaction to setback						
Concern for others						
Self-confidence						
Overall						

### EVALUATION

Please attach an additional sheet and write whatever you think is important about this student, including a description of academic and personal characteristics, as demonstrated in your classroom or at the school. We welcome information that will help us to differentiate this student from others. Please note any behavioral or social reasons why the applicant may have problems in the program.

Recommender's Name (please print) \_\_\_\_\_ Title \_\_\_\_\_

High School \_\_\_\_\_ Date \_\_\_\_\_

School Address \_\_\_\_\_

Recommender's Email \_\_\_\_\_ Recommender's Phone (\_\_\_\_) \_\_\_\_\_

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