

BOSTON UNIVERSITY

ACCELERATED MEDICAL AND DENTAL PROGRAMS

TEACHER EVALUATION



To the applicant:

Applicants to any of the College of Arts & Sciences' accelerated medical or dental programs must submit three teacher evaluations—one each from a teacher of English, laboratory science, and either history or a foreign language. Please photocopy this form and distribute it to those teachers. Please check the subject area of the teacher completing this form:

English

History

Foreign Language

Laboratory Science

Name (last, first, middle initial)

____/____/____
Date of birth

Accelerated Program of application (please check one) Accelerated Program in Liberal Arts and Medicine [CAS 06]
 Accelerated Program in Liberal Arts and Dentistry [CAS 24]

In order to be considered for one of the accelerated programs, you must select it as your program of application on the Boston University Common Application Supplement. Students who have not made this selection will not be considered for admission to these programs.

1974 Family Educational Rights and Privacy Act

This Teacher Recommendation form will become part of your application file. It will be used only for the purposes specifically intended. If you matriculate at Boston University, you will be granted 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 hereby waive do not waive my right of access to this document should I matriculate at Boston University.

Signature _____ Date _____

To the teacher:

Thank you for your time. Please send the completed form by **December 1, 2011** to:
Boston University Admissions, Accelerated Programs Coordinator, 121 Bay State Road, Boston, MA 02215.
Please write "Teacher Evaluation" in bold letters on the envelope.

Please use the space below and on page 2 to comment on the following three items. Feel free to use the back of these pages if needed. If you have already written similar comments about the student on another form, please feel free to attach a copy to this page.

1. How long have you known the applicant and in what context?

2. We would appreciate any observation you may have about the applicant's academic work and intellectual qualities, degree of motivation for academic achievement, and potential for academic growth.

3. What can you tell us about the applicant's character and personal qualities? Are there any special strengths or weaknesses that we should consider? Does this applicant exhibit an appropriate level of maturity?

Please check the boxes on the basis of your knowledge of this candidate.

	Below average	Average	Good	Very good	Outstanding	One of the best in my career
Academic promise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Character and personal promise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signature

Date

Email address

Please print name

Subject area

High School

College Board CEEB code