



BOSTON COLLEGE

Graduate School of Arts & Sciences
 Office of Graduate Admission
 McGuinn Hall 221
 140 Commonwealth Avenue
 Chestnut Hill, MA 02467

LETTER OF RECOMMENDATION

SOCIAL SECURITY NUMBER: - -

DATE OF BIRTH: - -
MM DD YYYY

LEGAL NAME: _____
LAST FIRST MI JR., ETC..

DEPARTMENT APPLYING TO: _____ PROGRAM OF STUDY: _____

DEGREE SOUGHT: _____ INTENDED TERM OF ENTRY: _____

TO BE READ BY APPLICANT AND RECOMMENDER

Under the Family Educational Rights and Privacy Act of 1974, students enrolled at Boston College have access to their admission records, including letters of recommendation. However, students may waive their right to see letters of recommendation, whereupon such letters will be held in confidence. If the applicant has not signed a waiver, it is assumed that this letter is submitted with the recommender's understanding that the applicant, once registered at Boston College, may request to see the letter. The alternative selected will not affect consideration of the application for admission.

I HAVE RETAINED MY RIGHT OF ACCESS TO THIS RECOMMENDATION I HAVE WAIVED MY RIGHT OF ACCESS TO THIS RECOMMENDATION

SIGNATURE OF APPLICANT DATE

TO BE COMPLETED BY THE RECOMMENDER

1. PLEASE RATE THE APPLICANT IN COMPARISON WITH OTHER STUDENTS KNOWN TO YOU WHO HAVE APPLIED FOR ADMISSION TO GRADUATE SCHOOLS.

	ABOVE AVERAGE				AVERAGE				BELOW AVERAGE			
	1	2	3	4	1	2	3	4	1	2	3	4
INTELLECTUAL ABILITY												
BREADTH OF GENERAL KNOWLEDGE												
ABILITY IN ORAL EXPRESSION												
ABILITY IN WRITTEN EXPRESSION												
PERSEVERANCE												
IMAGINATION AND PROBABLE CREATIVITY												
POTENTIAL AS A TEACHER												
MOTIVATION FOR PROPOSED PROGRAM OF STUDY												

2. PLEASE GIVE THE APPLICANT'S RELATIVE STANDING IN YOUR DEPARTMENT, E.G., 7TH OF 89, TOP 5%, ETC. _____

