



APPLICANT INFORMATION

Applicant Name: _____
Family Name *Given Name* *Middle*

BU ID#: _____ Applicant For: _____
(Department/Specialization)

RECOMMENDER INFORMATION

Recommender's Name: _____
Family Name *Given Name* *Middle*

Title and/or Position: _____

Institution/Company Name: _____

Department: _____

Address: _____
Street *City* *State* *Country* *Zip Code*

Telephone Number: _____

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 following statements:

I have read the information above and I hereby

☐ WAIVE my right of access to this recommendation should I matriculate at Boston University.

☐ DO NOT WAIVE my right of access to this recommendation should I matriculate at Boston University.

Signature

Date

To the Recommender: 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. Please return this form with your letter so that the above waiver may apply to such your letter. 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 for Admissions of the Division of Graduate Medical 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 student?

(Check all that 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 a laboratory course
- ☐ as a student engaged in research or independent study under my direction
- ☐ as my advisee
- ☐ other

If "Other," please describe: _____

2. How long have you known the applicant? _____

3. For what level of graduate study do you recommend the applicant? ☐ Masters ☐ Doctorate

4. Would you accept this student to work with you towards a degree? ☐ Yes ☐ No

If "No," please comment:

5. Please summarize your evaluation by checking your estimate on the following items. ("Exceptional" indicates that the applicant is comparable to the best qualified student you have known; "Good" indicates a positive recommendation with no reservations.)

GENERAL QUALIFICATIONS	EXCEPTIONAL	GOOD	FAIR	DOUBTFUL	POOR	No Basis for Judgment
Ability to engage in independent inquiry						
Ability to express self in writing						
Analytical skills: science and mathematics						
Emotional stability and maturity						
Intellectual ability						
Motivation						
Perseverance						
Potential as a creative scholar						
Responsibility in assignments and undertakings						
Laboratory skills						

POTENTIAL AS A TEACHER	EXCEPTIONAL	GOOD	FAIR	DOUBTFUL	POOR	No Basis for Judgment
Ability to stimulate interests						
Breadth of perspective on field of study						
Interest in teaching						
Poise and clarity of expression						
Proficiency and experience in working with groups						

6. In what percentage would you rank the applicant of all students you have known at his/her education level? _____

7. Please describe in detail the major strengths and weaknesses of the applicant as a graduate student in a letter (on letterhead) and attach it to this form.

The above information is accurate to the best of my ability.

Signature

Date

Please return to:

Boston University School of Medicine
Division of Graduate Medical Sciences
72 East Concord Street, L-317
Boston, Massachusetts 02118-2526