

# BOSTON UNIVERSITY

## ACCELERATED MEDICAL PROGRAM

### TEACHER EVALUATION



#### TO THE APPLICANT:

Applicants to the College of Arts & Sciences Accelerated Medical Program must submit three teacher evaluations—one each from a teacher of English, laboratory science, and either history or a foreign language. Please distribute copies of this form to those teachers. Please check the subject area of the teacher completing this form:

English  
7E

History  
7H

Foreign Language  
7L

Laboratory Science  
7S

\_\_\_\_\_  
Name (last, first, middle initial) \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of birth

*In order to be considered for the Accelerated Medical Program, you must select it as your program of application on the Common Application. Students who have not made this selection will not be considered for admission to this program.*

#### 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 **November 15** to [schforms@bu.edu](mailto:schforms@bu.edu) (PDF is our preferred file type). You may also submit the form by mail to *Boston University Admissions, Accelerated Program Coordinator, 881 Commonwealth Avenue, 6th Floor, Boston, MA 02215*. Please write "Teacher Evaluation" 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?

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*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
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Academic promise

Character and personal promise

Overall assessment

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Signature

Date

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Email address

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Please print name

Subject area

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High school

College Board CEEB code