



Teacher Recommendation Form

Applicant's Section

Please complete this section of the NYU Teacher Recommendation Form. Be sure to read and sign the confidentiality statement. You should give this report to a teacher or faculty member who is in a position to evaluate your academic performance and capabilities. **Please type or print in ink.**

LEGAL NAME: LAST (FAMILY) NAME FIRST NAME MIDDLE INITIAL

PERMANENT HOME ADDRESS (NUMBER AND STREET) CITY STATE/COUNTRY ZIP/POSTAL CODE

SOCIAL SECURITY NUMBER DATE OF BIRTH: MONTH DAY YEAR

Check One

- Freshman Early Decision (postmarked by 11/1)
- Freshman Regular Decision (postmarked by 1/1)
- Transfer Spring Entry (postmarked by 11/1)
- Transfer Summer/Fall Entry (postmarked by 4/1)

Confidentiality Statement

Under the provisions of the Family Educational Rights and Privacy Act of 1974 (Buckley Amendment), you have the right to review your educational records if you attend NYU. You may waive your right of access to this specific recommendation if you so choose. Your decision to waive or not to waive your right of access will have no effect on your application for admission. Please check the appropriate box and sign your name below:

- I hereby waive my right of access to this recommendation.
- I do not waive my right of access to this recommendation.

APPLICANT'S SIGNATURE DATE

Respondent's Section

We would appreciate your candid evaluation of the student named above to aid us in evaluating his or her candidacy for admission to New York University. Thank you for your cooperation.

LAST NAME FIRST NAME MIDDLE INITIAL

SCHOOL/COLLEGE

SCHOOL STREET ADDRESS CITY STATE/COUNTRY ZIP/POSTAL CODE

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OFFICE TELEPHONE OFFICE FAX

IN WHAT SUBJECT(S) HAVE YOU TAUGHT THE APPLICANT? WHAT WAS THE APPLICANT'S GRADE IN YOUR COURSE(S)?

Please evaluate the applicant in terms of the characteristics below:

	Below Average	Average	Above Average	Superior	Exceptional
Academic Achievement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Express Written Ideas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Effective Class Discussion	<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"/>

How familiar are you with New York University?

- Very
- Somewhat
- Not at all

On a separate sheet or in the space below, please describe the applicant's academic and personal characteristics. We are especially interested in what you may be able to tell us concerning the applicant's academic work and intellectual qualities, level of motivation, and potential for academic growth. In particular, to what extent has the applicant been genuinely interested in academics and made full use of his/her intellectual potential? Are there special academic strengths or weaknesses that we should consider?

Summary Evaluation:

I recommend this student with reservation fairly strongly strongly enthusiastically

SIGNATURE

DATE

Please return this form to New York University, Undergraduate Admissions Processing Center, 665 Broadway, 11th Floor, New York, NY 10012-2339.