FR

TEACHER RECOMMENDATION

FALL PRIORITY APPLICATION DEADLINE:
November 1, 2009 (postmarked)

FALL REGULAR APPLICATION DEADLINE:
January 20, 2010 (postmarked)

TO THE APPLICANT: Please print this form and complete the answers to items one through seven in blue or black ink. Then give this form to a high school teacher in an academic subject area.

1. _____
NAME OF HIGH SCHOOL

2. _____-_____-_____ 3. Birth date _____/_____/_____
U.S. SOCIAL SECURITY NUMBER MONTH DAY YEAR

4. Please use the name that appears on your transcript so we may properly match your documents.

_____
LAST NAME (family name) FIRST NAME (no nicknames) MIDDLE NAME

5. Date this form was submitted to your school teacher _____/_____/_____ _____
MONTH DAY YEAR SCHOOL CEEB CODE

I authorize my high school teacher to release a recommendation and other information to the University of Maryland.

6. Applicant's signature _____ 7. _____
DATE

TO THE TEACHER:
Please complete the following sections and return this form to the guidance counselor. In addition, please attach a letter of recommendation. **Please include the student's full name, Social Security Number and birth date on any additional pages you submit.**

_____
TEACHER'S NAME

_____ _____
TEACHER'S TELEPHONE NUMBER TEACHER'S E-MAIL

_____ _____
TEACHER'S SIGNATURE DATE

Please include the student's full name, Social Security Number and birth date on all additional pages you submit. Mail to:

Office of Undergraduate Admissions
Mitchell Building
University of Maryland
College Park, MD 20742-5235
301.314.8385 (phone)
301.314.9693 (fax)
um-admit@umd.edu (e-mail)

STUDENT RATING

Please rate this student using the following:

CRITERIA	Below Average	Above Average	Well Above Average	Top 5%	No Basis to Rate
Academic achievement					
Class participation					
Creativity					
Initiative					
Intellectual ability					
Motivation					
Potential for academic growth					
Self-confidence					
Work habits					
Written expression					

Reminder: Please print, complete, sign and mail all documents.