

FALL PRIORITY APPLICATION DEADLINE:  
November 1 (postmarked)  
FALL REGULAR APPLICATION DEADLINE:  
January 20 (postmarked)

## TEACHER RECOMMENDATION

1. School Name: \_\_\_\_\_ 2. School CEEB Code: \_\_\_\_\_

3. Date this form was submitted to your teacher: \_\_\_\_\_ 4. Student Birth Date: \_\_\_\_\_

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

\_\_\_\_\_  
Last First Middle

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

### TO THE TEACHER:

Please complete all of the following sections before submitting this form. In addition, please attach a letter of recommendation.

\_\_\_\_\_  
Teacher's Name

\_\_\_\_\_  
Teacher's Telephone Number

\_\_\_\_\_  
Teacher's Email Address

\_\_\_\_\_  
Teacher's Signature

What subject do you teach? \_\_\_\_\_

How long have you known this student? \_\_\_\_\_

### STUDENT RATING

Please rate this student using the following:

CRITERIA	Below Average	Average	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					