

TEACHER/COUNSELOR RECOMMENDATION

All freshman applicants are required to submit ONE Teacher/Counselor Recommendation.

TO THE CANDIDATE: Please *print* your name and address *legibly* below and give this form to the appropriate teacher/counselor along with a stamped envelope addressed to the University at Albany at the address above.

Candidate's name:

Mr. Ms. _____ **LAST** _____ **FIRST** _____ **M.I.** _____ **Date of Birth** _____ **MM/DD/YEAR**

Street Address _____ Apt _____

City _____ State _____ Zip Code _____

Phone (_____) _____ Email _____

Check here if you have applied for admission through the Educational Opportunity Program (EOP).

TO THE TEACHER/COUNSELOR: The person named above is applying to the University at Albany. The Admissions Committee needs a candid recommendation as it chooses among highly qualified candidates. Please state your thoughts about the candidate's academic and personal qualifications on the other side of this form or attached sheet. Your recommendation will remain confidential. The Admissions Committee does not provide access to application material to the candidate or to his/her family. This form will not become part of the student's permanent file should the candidate enroll in the University. Thank you for your assistance.

Teacher/Counselor Name (*please print*) _____ Title _____

Name of School _____

Street Address _____

City _____ State _____ Zip Code _____

RATINGS

Compared to other college-bound students in the same class, how do you rate this student?

	No basis to judge	Below Average	Average	Good	Very Good	Excellent (Top 10%)	One of the few encountered in my career
Intellectual curiosity							
Creativity							
Expression of ideas (oral & written)							
Academic achievement							
Leadership							
Participation in activities							
Adjustment to new situations							
Work consistent with ability							
Study habits							
Initiative/follow-through							

BACKGROUND INFORMATION

How long have you known the candidate and in what context? _____

What are the first words that come to mind as you describe the candidate? _____

If you are a teacher, please list the course(s) you have taught this candidate, noting for each course his or her year in school (10th, 11th, 12th) and the level of rigor of the course (AP, accelerated, honors, elective, etc.).

RECOMMENDATION

Please write an assessment of the candidate's intellectual promise and personal characteristics. We are particularly interested in the candidate's potential to be successful at UAlbany and any unique accomplishments or life experiences that separate this student from classmates.

Signature _____

Date _____

Please be sure to sign and date this form.
Did you check all applicable boxes?

Please retain a copy of this form and all attachments for your records.

Return required form to:
Office of Undergraduate Admissions
1400 Washington Avenue, Albany, NY 12222
Phone: 518-442-5435, Fax: 518-442-5383
ugadmissions@albany.edu
www.albany.edu



UNIVERSITY AT ALBANY

State University of New York