Application
for Admission

Bachelor of Science in
Health Sciences

111 South Broadway  Rochester, Minnesota  55904  www.r.umn.edu/bshs
Academic Requirements

• Successful completion of a college preparatory curriculum
  ° 4 years of English
     with an emphasis on writing, including instruction in
     reading and speaking skills and in literary understanding
     and appreciation reading; speech course, such as
     introductory speech, public speaking, and debate
  ° 4 years of mathematics
     including one year each of elementary algebra, geometry,
     and intermediate algebra. UMR highly recommends a
     mathematics course during the senior year of high school.
  ° 3 years of science
     including at least one year biological and physical
     sciences including laboratory experiences
     UMR highly recommends 4 years of science.
  ° 3 years of social science
     including one year of U.S. history
     UMR will give full consideration if missing U.S. history.
  ° 2 years of a single second language
     UMR will give full consideration if missing a second
     language.
• High school and college grade point averages
• Grade point average in STEM (Science, Technology,
  Engineering, Math) courses
• ACT plus Writing score(s) or SAT score(s)
• BSHS Application Essay
• High school class rank
  Students from non-ranking schools and those with GED
  or other high school equivalency scores will be given full
  consideration.

Additional Review Factors

• Letter of recommendation or Teacher Evaluation
  STRONGLY recommended, but not required
  • Involvement in health science related volunteer or
    employment opportunities
  • Rigorous academic curriculum, to include courses that
    exceed the college preparatory curriculum, such as honors,
    Advanced Placement, International Baccalaureate, and/or
    college-level courses
  • Evidence of exceptional achievement, aptitude, or personal
    accomplishment including that which may not be reflected
    in the academic record or standardized test scores
  • Outstanding high school or community involvement
  • Work experience, paid or unpaid
  • Participation in extracurricular college preparatory programs
    (e.g., MEP, PSEO, Talent Search, College Possible,
    UMTYMP, Upward Bound, HOSA, and other programs)
  • Evidence of exceptional talent or ability in scholarly research
    or leadership
  • Evidence of exceptional motivation, maturity, or responsibility
  • Evidence of having overcome social, economic, or physical
    barriers to educational achievement
  • Evidence that enrollment would enhance the cultural, gender,
    age, economic, racial, or geographic diversity of the student
    body
  • Extenuating circumstances

We are pleased you are applying for admission to the Bachelor of Science in Health Sciences (BSHS) program at the University of Minnesota Rochester (UMR). This application allows you to present yourself and express your individuality. Admission to UMR is a competitive process and every application is carefully reviewed holistically. Take the time to tell us about you, your life, and your goals. Please note this application will also be used to qualify you for UMR’s institutional scholarships.

Enrolling an academically-qualified, diverse student body is essential to the University’s mission. The academic and social environment of the campus is greatly enhanced by a diverse student body, and students are better prepared to thrive in a global, multicultural, and multicultural world.

Applications submitted to the University of Minnesota Rochester are reviewed on a rolling basis. The University of Minnesota Rochester reserves the right to deny admission to an otherwise admissible applicant if the University determines that the applicant’s enrollment would not be in the applicant’s or the University’s best interest.

If you have enrolled in college coursework after graduating from high school or completing the GED, you will be considered a transfer student. Due to the unique, integrated curriculum of the BSHS, students considering transferring are encouraged to contact the Office of Admissions at 1-877-280-4699.

If you are an international student (non-U.S. citizen who is not a U.S. permanent resident), please contact the Cultural Engagement and Study Away Program Manager at 507-258-8069.

If you are currently a student in the Minnesota Post-Secondary Enrollment Options (PSEO) program, regardless of the total number of college credits you earn, you will be considered a new first-year student for admission, financial aid, and orientation purposes. If you are applying to the Minnesota Post-Secondary Enrollment Option program, complete the PSEO Application available at www.r.umn.edu/pseo. Contact 1-877-280-4699 for more information.

In reviewing your application for admission, we will use the following factors:
Application Checklist

☐ **Complete application.** Your application file, which includes this application and all application requirements, must be complete before a decision can be made. You may also apply online at www.r.umn.edu/apply.

☐ **Application fee.** Make check payable to the University of Minnesota Rochester for the $35 nonrefundable application fee. The online application is available at www.r.umn.edu/apply and requires a $30 nonrefundable fee.

☐ **Passion for health care short answer question (strongly recommended).** Students who succeed at UMR are passionate about health care. Briefly describe the reason for your passion to pursue a career in health care.

☐ **Official high school transcript.** Provide an official copy of your high school transcripts with high school rank, if applicable.

  - Official examination results for Advanced Placement and International Baccalaureate are required.
  - If you have received a General Equivalency Diploma (GED), an official score report is required in addition to any available high school transcripts.
  - If you were a home-schooled student, please submit a listing of subjects studied and grades obtained (if applicable).
  - All applicants must submit a high school transcript. The high school transcript (or GED) is needed to determine proof of graduation; whether you have completed the high school preparation requirements; and whether you have met all of the prerequisites for admission to your college of choice. Exception: students who have previously completed an A.A. degree or bachelor’s degree do not need to submit a high school transcript.

☐ **Official college transcripts.** If you have attempted any coursework for college credit, you must submit official college transcripts. This includes coursework taken in Post-Secondary Enrollment Option (PSEO) and College in the Schools (CIS) programs.

☐ **Official test score reports.** Submit an official score report of your ACT Plus Writing or SAT scores. The scores need not be sent separately if they appear on your official high school transcript. The University of Minnesota Rochester ACT code is 2154 and the SAT code is 5877. Transfer applicants with 30 or more college credits are not required to submit test score reports.

☐ **Optional:** Teacher Evaluation (pages 9-12) and/or letter of recommendation.

Application Deadlines

First-year applicants should apply prior to **December 15.** Applications will be reviewed on a rolling basis. Transfer applications are due **May 1** (for fall semester).
Application for Admission

All information on this form is confidential and will be used for identification to determine admission, to determine scholarships, and to establish your University of Minnesota Rochester academic record if you are admitted. Your date of birth, if age 25 or older, and social security number are voluntary and will be used only for positive identification, advising and counseling, course placement, institutional research, and financial aid. Failure to provide this information will have no effect on the admission decision but may delay financial aid. Information will be shared with University offices for the uses described above and may be released outside the University to organizations conducting studies on the University’s behalf.

Admission Option/Start Term

I am applying for admission to the Bachelor of Science in Health Sciences program as a:  
☐ First-year student  
☐ Transfer student

I will begin the program:  
☐ Fall __________

Personal Information

Last Name: ____________________________  First Name: ____________________________  Middle Name: ____________________________

Former Name: ____________________________  Preferred Name/Nickname: ____________________________

Social Security Number (optional): ____________________________  Birth Date (optional): ____________________________

Permanent Mailing Address:  
All mail will be sent to this address.

Address: ____________________________  City: ____________________________  State: _______  ZIP Code: _______

Other Mailing Address (if different from permanent address):

Address: ____________________________  City: ____________________________  State: _______  ZIP Code: _______

Home Telephone Number: (                    )

Other Telephone Number:  
☐ Cell Phone  
☐ Other (                    )

May we text you on this phone?  
☐ Yes  
☐ No

Applicant’s E-mail Address: ____________________________  Parent’s E-mail Address: ____________________________

Twitter Handle (optional): ____________________________

Are you a U.S. Citizen?  
☐ Yes  
☐ No

If no:  
Country of Citizenship: ____________________________  Country of Birth: ____________________________

I am a:  
☐ Permanent resident of the United States  
☐ Temporary or non-immigrant visa holder  
☐ Refugee/Political Asylee  
☐ Other

State in which you claim legal residence: ____________________________

How long have you lived in that state?  
☐ Life-Long Resident  
☐ OR ________ Years _________ Months

In which language(s) are you fluent? ____________________________

Is English your native language?  
☐ Yes  
☐ No

If no, indicate the number of years you have attended school in the United States: ________ Years

Who/what encouraged you to apply to UMR? Please check all that apply:

☐ Billboard  
☐ Campus Visit  
☐ CollegeBoard.com  
☐ College Fair  
☐ Friend/Relative  
☐ Facebook  
☐ High School Counselor  
☐ High School Visit  
☐ Mailings from UMR  
☐ MyCollegeOptions.com  
☐ Radio Ad  
☐ Television Ad  
☐ U of M Alumnus/a  
☐ Student Blogs  
☐ YouTube  
☐ Pandora  
☐ Google Search  
☐ Instagram  
☐ Twitter  
☐ UMR Admissions Representative  
☐ UMR Student  
☐ Website  
☐ Other ____________________________

Contact the Cultural Engagement and Study Away Program Manager at 507-258-8069.
High School Record

High School Name: ________________________________
Address: ___________________________ City: ______________ State: _______ ZIP Code: __________
High School Counselor’s Name: ___________________________
High School Phone Number: (_____________________

This high school is: ☐ Public ☐ Private

I have taken PSEO/College in the Schools/other college coursework:
☐ Yes (Provide college information in “College Record” section below.)
☐ No

Date of High School Graduation: ________________

High School GPA: _____ out of _____ Weighted grades: ☐ Yes ☐ No
High School Rank: _____ out of _____ ☐ My high school does not rank students. There are _____ students in my class.

Test Scores (Include all tests completed and/or dates of upcoming tests):

ACT: Composite _____ English _____ Math _____ Reading _____ Science Reasoning _____ Writing _____ Test Date ____________ mm/dd/yyyy

SAT Reasoning: Verbal _____ Math _____ Writing _____ Test Date ______________ mm/dd/yyyy

List all courses to be completed during your senior year of high school, including those currently registered for:
________________________________________________________
________________________________________________________
________________________________________________________
________________________________________________________

College Record (if applicable)

List all PSEO, College in the Schools, or other college coursework, including those currently registered for. Remember to submit all college transcripts to UMR.

<table>
<thead>
<tr>
<th>Name of College/University</th>
<th>Location (City, State, ZIP Code)</th>
<th>Dates Attended (Month/Year)</th>
</tr>
</thead>
<tbody>
<tr>
<td>__________________________</td>
<td>________________________________</td>
<td>____________________________</td>
</tr>
<tr>
<td>__________________________</td>
<td>________________________________</td>
<td>____________________________</td>
</tr>
<tr>
<td>__________________________</td>
<td>________________________________</td>
<td>____________________________</td>
</tr>
<tr>
<td>__________________________</td>
<td>________________________________</td>
<td>____________________________</td>
</tr>
</tbody>
</table>
Additional Information
1. Passion for health care short answer question (strongly recommended)
   Students who succeed at UMR are passionate about health care. Briefly describe the reason for your passion to pursue a career in health care.

2. The University of Minnesota is committed to maintaining a scholarly, educational environment characterized by safety, respect, and integrity. As part of this commitment, the University requires undergraduate applicants to supply information about their conduct. The responses to the questions below will be considered only after a student is deemed admissible to the University and will be used to determine whether additional information and review are required before a final admission decision is made.

   Check "yes" or "no" to the following statements. If there is not enough room on this form for an explanation, submit your response to ApplyUMR@r.umn.edu

   I have been expelled from, suspended from, or placed on probation at any high school or college for reasons of academic dishonesty.
   ☐ Yes  ☐ No
   If yes, provide a description of the incident(s), including the date(s) and location(s). Maximum 4,000 characters.

   I have been convicted of a felony or I have pending felony charges against me at this time.
   ☐ Yes  ☐ No
   If yes, provide a description of the incident(s), including the date(s) and location(s). Maximum 4,000 characters.
As an adult or juvenile, I have been found legally responsible for a sexual offense or I have sexual offense charges pending against me at this time.  □ Yes  □ No

If yes, provide a description of the incident(s), including the date(s) and location(s). Maximum 4,000 characters. You may also include an optional statement as to why you believe this information should NOT be cause for concern about the safety of the university community.

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Note:
Misrepresenting answers to these questions may result in the withdrawal of your application or admission. If your answers to the above questions change, you are required to notify the Office of Admissions and provide updated answers.
Academic Information

Health Science Career Interest(s): ___________________________________________

Have you ever registered for classes at any University of Minnesota campus? □ Yes □ No

If yes, what is your University of Minnesota identification number? ___________________________________________

Check appropriate boxes for any honors you have received:

☐ National Merit Scholar Winner ☐ National Merit Commended
☐ National Merit Finalist ☐ Valedictorian of the Class
☐ National Merit Semifinalist ☐ Salutatorian of the Class

To which other colleges or universities are you applying? (optional) ___________________________________________

Optional – Special Circumstances

On a separate sheet of paper, please share additional information you would like us to consider in reviewing your application, including special circumstances that may have affected your academic performance. This is your opportunity to tell us things about yourself that have not been asked elsewhere, if you believe they will help us become acquainted with you in ways different from courses, grades, and test scores.

Activities, Involvement, and Employment

Include extracurricular, community and family activities, employment, academic honors, and other relevant information you would like considered. This information will also be used to award community service-based scholarships.

<table>
<thead>
<tr>
<th>Activity/Employer</th>
<th>Number of years involved</th>
<th>Positions held, honors awarded, or letter earned</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Family Information

A. Parent/Guardian 1:

Full name
Address
City, State, ZIP Code
College attended (if any)
Occupation/Employer

B. Parent/Guardian 2:

Full name
Address
City, State, ZIP Code
College attended (if any)
Occupation/Employer

Have either of your parents/guardians received a four-year undergraduate degree from a college or university? □ Yes □ No

C. Sisters and Brothers:

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>School/College Attending</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

D. Family Members (who attend or have attended the University of Minnesota and their relationship to you):

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

E. Access to Your File:
I authorize the University of Minnesota Rochester to give information about my application file or admission status to the following persons (e.g., parent, relative, friend):


Request for Confidential Information (optional)
Providing the information below is voluntary. The information may be used to support affirmative action efforts in the admissions process, and will be used for summary reports required by federal and state laws and regulations. You will not be penalized if you choose not to provide this information.

Gender: □ Male □ Female

Ethnicity and Race: These questions comply with the U.S. Department of Education’s new standards for ethnic and racial data collection.

Ethnicity: Are you Hispanic or Latino? □ Yes □ No

Race (please check any or all that apply):
□ American Indian or Alaska Native □ Black or African American □ White
□ Asian □ Native Hawaiian and Other Pacific Islander

Ethnicity Definition:
Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central America, or other Spanish culture or origin, regardless of race.

Racial definition:
American Indian or Alaska Native: A person having origins in any of the original peoples of North and South America, including Central America, and who maintains a tribal affiliation or community attachment.
Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
Black or African American: A person having origins in any of the Black racial groups of Africa.
Native Hawaiian and Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific islands.
White: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

The University of Minnesota Rochester complies with federal and state privacy laws and regulations. Those who may gain access to information in your file are staff and faculty at Rochester who have a need to gain access, and outside organizations and government bodies in limited circumstances as authorized by state or federal law. In addition, you may review your own file upon request, except for references where the student provided a written waiver of his or her right of access. No one else may review your file without your signed Release of Information form.

I certify that the information I have provided on this application and on all other application materials is complete, accurate, and true to the best of my knowledge. I understand that is my responsibility to request that the official transcripts from each academic institution I have attended be submitted directly to the University. I understand that misrepresentation of application information is sufficient grounds for canceling admission or registration. (Note: You must sign and date your application.)

Applicant Signature: ___________________________ Date: ___________________________

If you have any difficulty with this application, please contact the Office of Admissions at:
Phone: 1-877-280-4699    Website: www.r.umn.edu/bshs    E-mail: ApplyUMR@r.umn.edu
Teacher/Professor Evaluation (optional)

To the Applicant
The University of Minnesota Rochester (UMR) strongly recommends, but does not require, the submission of a letter of recommendation and/or a Teacher Evaluation to complete the student application. The teacher has the option to submit a letter of recommendation, a Teacher Evaluation, or both.

If your teacher prefers to submit a Teacher Evaluation, you should first complete the applicant information and then provide this form to a teacher who has taught you an academic subject (such as science, math, English, social sciences, or a foreign language). We strongly recommend math and science. Please provide the teacher with a stamped envelope addressed to University of Minnesota Rochester, Office of Admissions, 111 South Broadway, Suite 300, Rochester, MN 55904.

Legal Name: ____________________________  □ Female □ Male
Last/Family (Enter name exactly as it appears on official documents.)  First/Given  Middle (complete)  Jr., etc.
Birth Date: ____________________________  Social Security Number: ____________________________ (optional)
Address: ____________________________

IMPORTANT PRIVACY NOTICE: Under the terms of the Family Educational Rights and Privacy Act (FERPA), after you matriculate you will have access to this form and all other recommendation and supporting documents submitted by you and on your behalf after matriculating, unless at least one of the following is true:

☐ Yes, I do waive my rights to access, and I understand I will never see this form or any other recommendations submitted by me or on my behalf.
☐ No, I do not waive my right to access, and I may someday choose to see this form or any other recommendations or supporting documents submitted by me or on my behalf to the institution at which I am enrolling, if that institution saves them after I matriculate.

Signature: ____________________________  Date: ____________________________

To the Teacher
The University of Minnesota Rochester (UMR) finds candid evaluations helpful in choosing among highly qualified applicants. A personally written letter and/or the completion of a Teacher Evaluation is acceptable. You are encouraged to keep the original of this form in your private files for use should the student need additional recommendations. Please return the letter of recommendation and/or Teacher Evaluation to the UMR Office of Admissions in the envelope provided to you by the requesting student. Please submit your references promptly. Be sure to sign below.

Teacher’s Name: ____________________________  Subject Taught: ____________________________
Signature: ____________________________  Date: ____________________________
Secondary School: ____________________________
School Address: ____________________________

Teacher’s Phone: _______  Teacher’s E-mail: ____________________________

Background Information
How long have you known this student and in what context? ____________________________
What are the first words that come to your mind to describe this student? ____________________________
List the courses you have taught this student, noting the student’s grade level in school (10th, 11th, 12th grade) and the level of course difficulty (AP, IB, accelerated, honors, elective; 100-level, 200-level, etc.): ____________________________
Ratings
Compared to other students in his or her class year, how do you rate this student in terms of:

<table>
<thead>
<tr>
<th></th>
<th>Below Average</th>
<th>Average</th>
<th>Good (above average)</th>
<th>Very Good (well above average)</th>
<th>Excellent (top 10%)</th>
<th>Outstanding (top 5%)</th>
<th>One of the Top Few I Have Encountered (top 1%)</th>
<th>No Basis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Academic Achievement</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Quality of Writing</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Productive Class Discussion</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maturity</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Motivation, Initiative</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Leadership</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Integrity</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reaction to Setbacks</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Concern for Others</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self Confidence</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overall</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Teacher Evaluation
Please provide relevant information about this student, including a description of academic and personal characteristics, as demonstrated in your classroom. We welcome information that will help us to differentiate this student from others. Feel free to attach an additional sheet or another reference you may have prepared on behalf of this student.
Teacher/Professor Evaluation (optional)

To the Applicant

The University of Minnesota Rochester (UMR) strongly recommends, but does not require, the submission of a letter of recommendation and/or a Teacher Evaluation to complete the student application. The teacher has the option to submit a letter of recommendation, a Teacher Evaluation, or both.

If your teacher prefers to submit a Teacher Evaluation, you should first complete the applicant information and then provide this form to a teacher who has taught you an academic subject (such as science, math, English, social sciences, or a foreign language). We strongly recommend math and science. Please provide the teacher with a stamped envelope addressed to University of Minnesota Rochester, Office of Admissions, 111 South Broadway, Suite 300, Rochester, MN 55904.

Legal Name: ____________________________________________________________

Last/Family (Enter name exactly as it appears on official documents.)

First/Given

Middle (complete)

Jr., etc.

Birth Date: ____________________________ Social Security Number: ____________________________ (optional)

mm/dd/yyyy

Address: ________________________________________________________________

Number & Street

Apartment #

City/Town

State/Province

Country

ZIP/Postal Code

School You Now Attend: ____________________________________________ CEEB/ACT Code: ____________________________

IMPORTANT PRIVACY NOTICE: Under the terms of the Family Educational Rights and Privacy Act (FERPA), after you matriculate you will have access to this form and all other recommendation and supporting documents submitted by you and on your behalf after matriculating, unless at least one of the following is true:

☐ Yes, I do waive my rights to access, and I understand I will never see this form or any other recommendations submitted by me or on my behalf.

☐ No, I do not waive my right to access, and I may someday choose to see this form or any other recommendations or supporting documents submitted by me or on my behalf to the institution at which I am enrolling, if that institution saves them after I matriculate.

Signature: ________________________________ Date: ________________________________

To the Teacher

The University of Minnesota Rochester (UMR) finds candid evaluations helpful in choosing among highly qualified applicants. A personally written letter and/or the completion of a Teacher Evaluation is acceptable. You are encouraged to keep the original of this form in your private files for use should the student need additional recommendations. Please return the letter of recommendation and/or Teacher Evaluation to the UMR Office of Admissions in the envelope provided to you by the requesting student. Please submit your references promptly. Be sure to sign below.

Teacher’s Name: ____________________________ Subject Taught: ____________________________

Signature: ________________________________ Date: ________________________________

Secondary School: ____________________________

School Address: ____________________________

Number & Street

City/Town

State/Province

Country

ZIP/Postal Code

Teacher’s Phone: (______) ____________________________ Teacher’s E-mail: ____________________________

Background Information

How long have you known this student and in what context? ____________________________

What are the first words that come to your mind to describe this student? ____________________________

List the courses you have taught this student, noting the student’s grade level in school (10th, 11th, 12th grade) and the level of course difficulty (AP, IB, accelerated, honors, elective; 100-level, 200-level, etc.):

________________________________________

________________________________________

________________________________________
Ratings
Compared to other students in his or her class year, how do you rate this student in terms of:

<table>
<thead>
<tr>
<th></th>
<th>Below Average</th>
<th>Average</th>
<th>Good (above average)</th>
<th>Very Good (well above average)</th>
<th>Excellent (top 10%)</th>
<th>Outstanding (top 5%)</th>
<th>One of the Top Few I Have Encountered (top 1%)</th>
<th>No Basis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Academic Achievement</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Quality of Writing</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Productive Class Discussion</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maturity</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Motivation, Initiative</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Leadership</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Integrity</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reaction to Setbacks</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Concern for Others</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self Confidence</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overall</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Teacher Evaluation
Please provide relevant information about this student, including a description of academic and personal characteristics, as demonstrated in your classroom. We welcome information that will help us to differentiate this student from others. Feel free to attach an additional sheet or another reference you may have prepared on behalf of this student.