

Recommendation from Mathematics/ Science Faculty

TO THE APPLICANT:

Please fill in the information to the right and submit this form to a **math, biology, chemistry, or physics** teacher/professor who had you in class. Ask that he or she fill in the information below, follow the instructions to the right and forward this form to:

WPI Office of Admissions
Bartlett Center
100 Institute Road
Worcester, MA 01609
508-831-5286 Fax 508-831-5875
admissions@wpi.edu

To the teacher:

FILING DEADLINE:

November 10 for Early Action Round I;
January 1 for Early Action Round II;
February 1 for Regular Decision;
April 15 for transfer applicants. All admissions records are subject to the Family Educational Rights and Privacy Act of 1974.

TEACHER/PROFESSOR INFORMATION:

High school/college

CEEB code

Name

Subject taught

Length of acquaintance

Phone

Email address

Teacher/professor signature

APPLICANT'S NAME (Please print or type)

Last *First* *M.I.*

Street Address

City *State/Country* *ZIP*

Email *Date of birth: Month / Day / Year*

I am applying:

- Early Action Round I
- Early Action Round II
- Regular Decision
- Transfer

TO THE TEACHER:

This student has applied for admission to WPI. The university's educational program is highly individualized and involves project work as well as course work. Characteristics necessary for success are academic strength, creativity, motivation, and the ability to self-initiate. Please comment candidly, illustrating by example, the candidate's suitability for an individualized program of study. We encourage you to share your thoughts with the applicant and thus enable both WPI and the student to make a mutually fitting selection. Please use the reverse side of this form for your comments. If you have a previously written recommendation, feel free to attach it to this form. Be sure to include the student's full name on your recommendation.

RATINGS:

Compared with other students in his or her entire secondary school class, how do you rate this student in terms of

No Basis		Below Average	Average	Good (above average)	Very Good (well above average)	Excellent (top 10%)	One of the top few encountered in my career
<input type="checkbox"/>	Creative, original thought	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
<input type="checkbox"/>	Self-confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Independence, initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Intellectual ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Academic achievement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Written expression of ideas	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
<input type="checkbox"/>	Disciplined work habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Potential for growth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signature *Date*

