

**Teacher Recommendation:** Teacher references must be from any of the following academic areas:  
English, Foreign Language, History, Math, or Science

**This section to be completed by the student:**

\_\_\_\_\_  
Name of applicant

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

**Privacy: 1974 Family Educational Rights and Privacy Act**

This Teacher Recommendation form will become part of your admissions file. It will not be disclosed to any unauthorized individual without your consent. If you matriculate at Lesley College, you will be accorded access to its contents unless you voluntarily waive your right to access. Please check one of the boxes and sign the statement below.

I have read the information above and hereby:

- Waive     Do not waive my right to this document should I matriculate at Lesley College.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Teacher Contact Information:**

\_\_\_\_\_  
Name of teacher

\_\_\_\_\_  
School

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

**This section to be completed by the teacher:**

How long have you known the applicant and in what context? (including the name of the class in which the student was enrolled)

What are the first words that come to mind to describe the applicant?

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Comment on the candidate's commitment to learning and his/her intellectual curiosity.

Comment on the student's abilities to analyze, organize, and apply information.

Describe his/her communication skills with reference to both oral and written work.

Please use the space below for any additional information or comments you consider helpful to the Admissions Committee in making its decision.

Return this form to:

**Office of Admissions  
Lesley College  
29 Everett Street  
Cambridge, MA 02138**

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Teacher's Signature

Date