FALL PRIORITY APPLICATION DEADLINE: November 1, 2011 (postmarked) **FALL REGULAR APPLICATION DEADLINE:** January 20, 2012 (postmarked)

TEACHER RECOMMENDATION

TO THE APPLICANT: If your teacher wishes to complete the recommendation on paper rather than using our online system, please print this form and complete the answers to items 1-7 in blue or black ink before giving it to a high school teacher in an academic subject area.

1. Name of High School:					
2. Social Security Number (if appli	cable):	3. Student Birth Date:			
4. Please use the name that app	pears on your transcript so we may pro	perly match your documents.			
Last	First	Middle			
5. Date this form was submitted to your teacher: School CEEB Code: School CEEB Code:					
I authorize my high school counsel	or to release a recommendation and other	r information to the University of Maryland.			
6. Applicant's signature:		7. Date:			
TO THE TEACHER:					
	ions and return this form to the guidance ach a letter of recommendation.	Please include the student's full name, Social Security Number (if applicable) and birth date			
Teacher's Name		on all additional pages you submit. Mail to:			
		Office of Undergraduate Admissions			
Teacher's Telephone Number	Teacher's Email Address	Mitchell Building University of Maryland			
		College Park, MD 20742-5235			
Teacher's Signature		301.314.8385 (phone)			
What subject do you teach?		301.314.9693 (fax)			
How long have you known this:	student?	um-admit@umd.edu (e-mail)			
CTUDENT DATING					

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					