

Teacher's Report

Deadline for return (please check one)

EARLY ACTION – NOVEMBER 1, 2011

REGULAR DECISION – JANUARY 10, 2012

Candidate Information (please print or type)

Last Name (Family)	First Name (Given)	Middle Name	Date of Birth	
Home Address		City	State/Country	Zip Code
Official Name of School		City	State/Country	Zip Code

To the Candidate

After you have filled in the lines above, give this form to a teacher of one of your junior or senior courses, according to the following guidelines:

- APPLICANTS TO GEORGETOWN COLLEGE:** *Science or Pre Medical:* a science or mathematics teacher
Languages and Linguistics: a foreign language teacher
Other Programs: a teacher of your choice in a core academic subject
- APPLICANTS TO THE MCDONOUGH SCHOOL OF BUSINESS:** a mathematics or social studies teacher
- APPLICANTS TO THE SCHOOL OF NURSING & HEALTH STUDIES:** a science or mathematics teacher
- APPLICANTS TO THE WALSH SCHOOL OF FOREIGN SERVICE:** a teacher of your choice in a core academic subject

Candidate should complete the following:

WAIVER OF ACCESS

I have requested that this report be filed by school officials for use in the admissions process and in counseling by officials of Georgetown University. In accordance with the Family Educational Rights and Privacy Act of 1974, I have indicated my intention regarding access to these reports by checking one of the following options (see *Information for Candidates*, page 1):

- I waive access to this report which shall therefore be considered confidential.
- I do not waive access to this report.

..... Date Student Signature
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Note to Teacher – If the student has agreed to the waiver printed above, we will preserve the strict confidentiality of this document and it will be made available only to University officials. If the student has not waived access and enrolls at Georgetown, this report will be made available upon his or her request.

To the Teacher

The information that you supply concerning this student's personality and motivation is a very important criterion in the final evaluation. No application will be considered complete without this information. Please return this form by January 10. Your cooperation is appreciated. *Please complete and return this form to the Office of Undergraduate Admissions, Georgetown University, 37th and O Streets, N.W. Washington, DC 20057-1002.*

- How long have you known the applicant?
- In what subject(s) have you taught the applicant?
- What was the applicant's grade in your course(s)?
..... 12th year
..... 11th year
..... Other (specify)

(over)

NOTE: The following questions are intended merely as guidelines. We are much more interested in a complete report of whatever you deem important than in a specific format. If you would prefer to send your report in another form (for example, a letter or photocopied summary), please feel free to do so.

4. In your opinion, how well does the student qualify for success in college in the following areas?

	Marginal		Fair		Good		Excellent		One of the very best I have ever encountered in my career
Intellectual Curiosity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seriousness of Purpose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Industry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concern for Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(1)		(3)		(5)		(7)		(9)
Overall Recommendation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Please tell us in a narrative form why the candidate has received the above evaluations. Reference to specific events or unusual circumstances may provide us with added insight into the strength or weakness of the candidate.

Date Signature Position

Please Print Name Telephone Number

E-mail Address