



UNIVERSITY OF
SAN FRANCISCO

Teacher Evaluation Form

To the Applicant:

Please fill out the top portion of this form. When completed, give this form to a teacher who has taught you an academic subject (for example, English, foreign language, math, science, or social studies).

Legal Name: (please enter your name as it appears on official documents)

Male

Female

Last/Family/Sur

First/Given

Middle

Jr., etc.

Birth Date

mm/dd/yyyy

Social Security#

SSN is required when filling for Financial Aid (FAFSA)

Street Address

Number and Street

Apt #

City

State

Zip/Postal Code

School you now attend

CEEB / ACT Code

Right of Access:

I understand that the Family Education Rights and Privacy Act (FERPA) of 1974 allows me the option to choose whether I will, or will not, have the right of access to read this letter of recommendation. Accordingly, I choose the following option by checking the appropriate box:

I waive access to this letter of recommendation. I understand it shall remain confidential and that I will not have access to read it.

I do not waive access to this letter of recommendation. I retain my right to have access to read it during the admission process at the University of San Francisco.

To the School Official / Evaluating Teacher:

The student listed above is a candidate for admission to the University of San Francisco. We would value your candid appraisal of this applicant. The university will use this letter only in the evaluation of the student's application for admission. Please complete this form and attach your separate letter of recommendation. Once completed, please mail to the following address:

University of San Francisco
Office of Undergraduate Admission
2130 Fulton Street
San Francisco, CA 94117

How long have you known this applicant? _____

List the courses you have taught this student, noting the student's year in school and the level of difficulty (AP, IB, accelerated, honors, etc.) _____

Print Name: _____

Position: _____

School / Institution: _____

School Street Address: _____

City

State

Zip Code

Email Address: _____

Phone #: _____

SIGNATURE OF EVALUATING TEACHER: _____

DATE: _____