LOYOLA
UNIVERSITY MARYLAND

Teacher Recommendation

FOR THE STUDENT TO COMPLETE

Please complete the information below, and then give this form to your teacher right away. **Remember, this Teacher Recommendation is required for your application to be considered complete.**

Name_____
FIRST NAME LAST NAME

Mailing Address_____
NUMBER AND STREET

_____
CITY STATE/PROVINCE ZIP/POSTAL CODE

_____ Social Security Number (optional) _____ – _____ – _____
COUNTRY

I authorize all high schools I've attended to release all requested records.

Signature_____ Date_____

FOR THE STUDENT'S TEACHER TO COMPLETE

This **Teacher Recommendation** is required in order to review the student's application. We appreciate your honest evaluation and prompt assistance in completing this form.

Please rate this student on the following categories. Attach a separate sheet of paper or use the reverse side of this page to list additional comments.

	BELOW AVERAGE				EXCELLENT	
Dedication to Academic Excellence & Discernment	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ Not applicable
Commitment to Integrity & Honesty	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ Not applicable
Responsibility toward Social Justice	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ Not applicable
Demonstration of Leadership	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ Not applicable
Commitment to Diversity	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ Not applicable

How long have you known this student?_____

In what context do you know this student?_____

If you answer "yes" to either of the following questions, please provide the approximate date of each incident and explain the circumstances in the lines provided. If necessary, please attach an explanation on a separate sheet of paper.

Has the applicant ever been found responsible for a disciplinary violation at your educational institution from the 9th grade (or the international equivalent) forward, whether related to academic misconduct or behavioral misconduct, that resulted in the applicant's probation, suspension, removal, dismissal, or expulsion from the institution? ☐ Yes ☐ No

_____

_____

_____

Please continue

To your knowledge, has the applicant ever been convicted of, or does the applicant have pending charges for, a misdemeanor, felony, or other crime (excluding traffic violations)? ☐ Yes ☐ No If yes, please explain below.

Additional Comments:

Teacher Name _____
FIRST NAME LAST NAME

Title/Position _____

High School Name _____

High School Address _____
NUMBER AND STREET

_____
CITY STATE/PROVINCE ZIP/POSTAL CODE COUNTRY

e-mail address _____

Phone Number (_____) _____

Signature _____ Date _____

When completed, please mail this form and any additional comments to:

Undergraduate Admission Office
Loyola University Maryland
4501 North Charles Street
Baltimore, Maryland 21210

You may also fax this form and the requested materials to Loyola University Maryland at (410) 617-2176.

Thank you.

SAT COLLEGE CODE #5370
ACT COLLEGE CODE #1708