Recommendation Form

For application to the CUNY Teacher Academy at BMCC

To the Applicant: Please complete the top portion of this recommendation form and give it to your teacher/professor. A recommendation printed on school stationary is accepted but should be attached to this form when submitted to the CUNY Teacher Academy at BMCC.

_____ _____ _____
Last Name First Name Middle

_____
Street Address and Apt. No. City State Zip Code

_____
High School Expected Graduation or Graduation Date

I am aware of the rights afforded to my by the Federal Educational Rights and Privacy act of 1974, amended. I hereby _____do _____ do not waive my right to examine the contents of this recommendation form. I understand that by waiving my right, I do so under the condition that this recommendation form is used solely for the purpose for which it is intended.

_____ _____
Student Signature Date

To the Teacher/Professor: This individual is applying for admission to the CUNY Teacher Academy at BMCC. Your comments are important to the selection process. Please return this recommendation form to the student in a sealed and signed envelope.

_____
Teacher/Professor Name (please print)

_____ _____
Signature Date

_____
Subject(s) taught

_____ _____
Phone Number Email

_____
School

_____
School Address

_____
How long have you known this person? In what capacity?

Please comment on why you think this student would be an effective mathematics or science educator in a New York City middle or high school. (You may write your recommendation on a separate sheet of paper. Please attach this form as a cover sheet.)