

Harvard College  
Committee on Visiting  
Undergraduate Admissions  
86 Brattle Street  
Cambridge, Massachusetts 02138  
Phone: 617-495-9707  
Fax: 617-496-8407  
E-mail: adm-vus@fas.harvard.edu

# Faculty Recommendation for Visiting Undergraduate Student

**SUBMISSION DEADLINES:**  
**October 1 for Spring Term**  
**April 1 for Fall Term**

---

## To the Applicant

Applicant's Name (please print) \_\_\_\_\_  
Last First Middle (complete)

Applicant's intended field of specialization (Chemistry, English, etc.) \_\_\_\_\_

**Privacy Notice:** The Family Educational Rights and Privacy Act (FERPA) allows you to have access to your recommendation after you matriculate unless one of the following occurs:

1. The college or university does not save evaluations after matriculation
2. You waive your access rights below

Yes, I DO waive my rights to access this evaluation       No, I DO NOT waive my rights to access this recommendation form

My signature below authorizes all schools I attended to provide all requested records and allows review of my application for the admission process.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

---

## To the Professor

This individual is applying for Visiting Undergraduate admission to Harvard College. The purpose of this recommendation is to assist in making the admissions decision, and, if the applicant is admitted and enrolls, to aid in advising, counseling and otherwise assisting the student. We have requested that the applicant indicate above his or her wishes regarding the Family Educational Rights and Privacy Act of 1974. Your candid estimate of his or her performance, intellectual promise, and qualities as a person will help the Committee in making final selections. Thank you for your assistance.

1. For how long and in what connection have you known this student? If you taught this student in class, please list the course, the year, and the grade earned.

2. Please tell us what you can about this student's intellectual interests and ability and academic achievement. What do you consider to be the best evidence of his or her intellectual ability? How does this student compare with other students in his or her cohort?

3. What can you tell us about this student's qualities as a person? Is there any particular strength or weakness about which the Committee should be aware? Is the student experiencing any difficulty at college? Is this student making any special contribution to the college community?

4. Given this student's intended field of study and your comments in response to question number two, is it advisable for this student to study at Harvard?

5. We welcome any further general statements you may wish to make about the candidate.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_  
(please print)

Title or Position \_\_\_\_\_ University \_\_\_\_\_

Office Address \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

E-Mail Address \_\_\_\_\_

This form must be submitted either online or returned to the applicant in a signed, sealed envelope. The applicant is to return the unopened envelope to the Visiting Undergraduate Student (VUS) Admissions Office. If you prefer, you may mail this form directly to VUS Admissions Office.