



CONFIDENTIAL RECOMMENDATION OF APPLICANT
Form A: Academic/Job Performance

This form must be completed by someone who is able to evaluate the applicant in terms of his/her academic or work related performance. **Referees must be from different organisations.**

To be completed by the Applicant:

Please print (in block capitals) your name in the space below.

Name of Applicant: _____ Programme: _____

As the applicant I certify that I did not write or draft any part of this Recommendation.

Signature: _____ Date: _____

To the Referee:

Thank you for providing a recommendation for the applicant. The Admissions Committee finds that a recommendation presenting a view of an applicant’s abilities and other attributes is most helpful. It is recommended that you keep a copy for your files. Please be assured that the information will be held in absolute confidence and will be used for admissions purposes only.

Please:

- a) Submit the completed recommendation in a sealed envelope, under confidential cover, with the applicant’s name clearly printed on the front.
- b) Sign across the envelope's seal and give it to the applicant.
- c) Address the envelope to:

College of Graduate Studies
University of the Commonwealth Caribbean
17 Worthington Avenue
Kingston 5

- 1. How long (and between what dates) have you known the applicant? _____
- 2. In what capacity? _____
- 3. What do you consider to be his/her most outstanding characteristic or talent?

- 4. Please rate the applicant using the following scale:
5- Outstanding 4- Above average 3-Average 2- Below Average 1-Poor 0-No basis for judgement

	5	4	3	2	1	0
Intellectual Ability	[]	[]	[]	[]	[]	[]
Maturity	[]	[]	[]	[]	[]	[]
Communication skills: oral	[]	[]	[]	[]	[]	[]
Communication skills: written	[]	[]	[]	[]	[]	[]
Ability to work well with others	[]	[]	[]	[]	[]	[]
Motivation and purposefulness	[]	[]	[]	[]	[]	[]
Leadership abilities	[]	[]	[]	[]	[]	[]
Imagination and creativity	[]	[]	[]	[]	[]	[]
Health and emotional stability	[]	[]	[]	[]	[]	[]
Personal Integrity	[]	[]	[]	[]	[]	[]

- 5. Additional comments, if any, may be made in the space below:

- 6. Please check one of the following boxes to indicate whether the applicant should be accepted for the programme:
[] strongly recommended [] recommended with reservation
[] unable to recommend acceptance [] should not be accepted

- 7. Referee’s Name: _____
Institution/Organisation: _____ Contact #: _____
Position: _____ Email: _____
Address: _____
Signature: _____ Date: _____

