



C O N F I D E N T I A L R E C O M M E N D A T I O N O F A P P L I C A N T
 Form B: Personal Integrity/Character

This form must be completed by someone who is able to evaluate the applicant in terms of his/her personal integrity and character. 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
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication skills: oral	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication skills: written	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work well with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation and purposefulness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership abilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Imagination and creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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: _____

