



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

Table with 7 columns (5-0) and 10 rows (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:

