

Recommendation Form

Name of applicant:	<input type="text"/>		
School name:	<input type="text"/>		
City / Country:	<input type="text"/>	<input type="text"/>	
Expected date of graduation (month-year):		-	<input type="text"/>

Instructions for the referee

Each applicant sends in information about his / her activities, ambitions and interests. In addition, we ask for at least one letter of recommendation from a teacher, study advisor, or school principal. Your comments are an important part of the student's application package and we appreciate your efforts to provide them.

We have prepared this active-PDF form for your convenience; you can type your recommendation in the fields of this form (save it) and print it, or, if you prefer, you can write a separate letter. Regardless, please use this form as a guide to the kind of information we seek about our candidates. Furthermore, we ask you to please enter your responses to 5, 7 and 8 on this form and provide it with your letter.

Please return your recommendation to the candidate in a sealed envelope that is signed across the seal.

1. Since when, and in what capacity do you know the applicant?

2. Please comment on the applicant's academic ability, work and study habits. Does the applicant distinguish him/herself from other students?

3. Please comment on the applicant's personal interaction with others. Does he/she interact well with peers and teachers?

4. Are there any special circumstances we should be aware of? For example: personal situation, unusual accomplishments, obstacles overcome.

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5. Please rate the applicant on the following dimensions, in comparison with other college-bound students of similar age and experience. *Response required.*

	Don't know	Below average	Average	Good (above average)	Very Good (top 10%)	Excellent (top 5%)
Intellectual Potential:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Analytical skills:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation to learn:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to handle stress:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written communication skills:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral communication skills:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Study skills:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional maturity:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contribution to community:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Other comments

7. Please indicate your overall endorsement. *Response required.*

Not recommended		Recommended with some reservation		Recommended without reservation		Highly recommended
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. Contact Information. *Response required.*

Please provide the information below so that we may contact you for further information, if necessary.

Name:

Title / function:

School:

Work phone:

E-mail:

Signature..... Date: - -

We thank you for your comments. If you have any questions concerning this recommendation form, please send an e-mail to admissions@ucr.nl or call the admissions office at +31-118-655-500.