



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 College of the 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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 and emotional stability	<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"/>

- 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: \_\_\_\_\_