2016 RECOMMENDATION FORM
ACADEMIC REFERENCE
(To be completed by a teacher who has known the student well.)

Please print or type in English.
Date: ____________________
Applicant’s name: __________________________
Applicant’s present address: ____________________________________________
Parent/guardian: ____________________________________________
Applicant is currently enrolled in grade:__________th grade
(If already transferred, applicant was enrolled in grade:__________th grade)
How long have you known that applicant? ____________________________
Note the capacity in which you have known the applicant:

______________________________________________________________

List the courses you have taught to the applicant, nothing for each course the applicant’s year in school.

______________________________________________________________

______________________________________________________________

[ Evaluation]
Please check the appropriate box for each question.

<table>
<thead>
<tr>
<th></th>
<th>Unknown or Does not Apply</th>
<th>Below Average</th>
<th>Average</th>
<th>Good above Average</th>
<th>Very Good</th>
<th>Excellent</th>
<th>Top Few</th>
</tr>
</thead>
<tbody>
<tr>
<td>Academic potential</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Language abilities</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Intellectual curiosity</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Effort and determination</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Disciplined work habits</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Creativity</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Respect accorded to faculty</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Overall evaluation as a student</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>
1) If the student is relatively weak or strong in any areas listed above, please elaborate.

2) Please add any additional information that will give us a more complete picture of the student. Please attach an extra sheet, if necessary.

*Please fill out all the information below.*

Name of the recommender __________________________ Signature __________________
Name of the school _______________________________ Phone __________________
Address of the school ______________________________ Email __________________