

2020 ACADEMIC REFERENCE FORM

(To be completed by a teacher who has known the student well.)

*Please print in English using a pen with black or blue ink (no pencil). Typing is also acceptable.
The envelope must be sealed and signed/stamped across the seal by a school official.*

Date: _____

Applicant's name: _____

Applicant's present address: _____

Applicant is currently enrolled in grade: _____ th grade

(If already transferred, applicant was enrolled in grade: _____ th grade)

How long have you known the applicant? _____

Note the capacity in which you have known the applicant:

List the courses you have taught to the applicant, noting the applicant's grade for each course.

[Evaluation]

Please check the appropriate box for each question.

	Unknown or Does not Apply	Below Average	Average	Good above Average	Very Good	Excellent	Top Few
Academic potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Language abilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual curiosity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Effort and determination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disciplined work habits	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Respect accorded to faculty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall evaluation as a student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- 1) If the student is particularly 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.

SAMPLE

*** Please fill out all the information below.**

Name of the school official _____ Signature _____

Name of the school _____ Phone _____

Address of the school _____ Email _____