

Letter of Recommendation for Undergraduate Studies

To the Applicant

This form is to be completed by the person giving you an academic reference. This person may be a teacher, school counselor, academic advisor, or another person qualified to assess your academic performance and potential. Please type or print your name, address, and the name of the person you have asked to write the recommendation.

Name of Candidate

Last

First

Home Address

Street

City

Post Code

Country

Referee's Name

Last

First

Title

To the Referee

This person has applied for admission to NUP's Undergraduate Programme. The Admissions Board would like to thank you for providing information on the candidate, which will be used to assist in the evaluation of the candidate's application for admission. The information contained in this letter of recommendation will be kept strictly confidential. You must return this form to the candidate in an envelope that you seal and sign across the seal.

A. How long have you known the candidate? Describe the relationship between yourself and the candidate.

B. Give the applicant's position in his/her graduating class.

C. In your opinion what are the candidate's strengths?

D. Please supply the information below.

		UNABLE TO JUDGE	AVERAGE	ABOVE AVERAGE	TOP 10%	TOP 5%	TOP 2%	ONE OF THE TOP FEW ENCOUNTERED IN MY CAREER
<input type="checkbox"/>	DILIGENCE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	INITIATIVE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	JUDGEMENT	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
<input type="checkbox"/>	DISCIPLINE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	INTELLECTUAL CREATIVITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	LEADERSHIP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	SUMMARY EVALUATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

E. Please comment on the suitability of the candidate for the intended course.

F. Other comments about the applicant.

Referee's Name _____ Position _____

Signature _____ Date _____

School Name _____

Address _____
Street City Post Code Country

Telephone _____ E-mail _____