



Graduate Student Recommendation Form

A. This section is to be completed by University applicant.

After filling out this section, please give this form to each one of your references, for their comments.

Applicant's name _____

Applicant's Address _____

Date of Birth _____ City _____ Country _____

Program applying for _____ Fax Number _____

I hereby authorize the appropriate person(s) to provide the information requested in this document.

Applicant's Signature _____ Date _____

B. This section is to be completed by the Referee.

Galen University would appreciate your assessment of this applicant. Please be specific and concrete in your responses. This will only be used in the valuation of the student's admission and its confidentiality will be safeguarded.

1. General Ratings

Please indicate your opinion of this applicant in the context in which you know him or her. Your assessment should be indicated in each case by checking the appropriate check box.

1.1 In your view, how does the applicant rate on the following personal characteristics?

Motivation													
<input type="checkbox"/>	Very High	<input type="checkbox"/>	High	<input type="checkbox"/>	Above Average	<input type="checkbox"/>	Average	<input type="checkbox"/>	Low	<input type="checkbox"/>	Very Low	<input type="checkbox"/>	Not Known
Self Discipline													
<input type="checkbox"/>	Very High	<input type="checkbox"/>	High	<input type="checkbox"/>	Above Average	<input type="checkbox"/>	Average	<input type="checkbox"/>	Low	<input type="checkbox"/>	Very Low	<input type="checkbox"/>	Not Known
Leadership: The Ability to administer, get things done and organize others													
<input type="checkbox"/>	Very High	<input type="checkbox"/>	High	<input type="checkbox"/>	Above Average	<input type="checkbox"/>	Average	<input type="checkbox"/>	Low	<input type="checkbox"/>	Very Low	<input type="checkbox"/>	Not Known
Self-Confidence													
<input type="checkbox"/>	Very High	<input type="checkbox"/>	High	<input type="checkbox"/>	Above Average	<input type="checkbox"/>	Average	<input type="checkbox"/>	Low	<input type="checkbox"/>	Very Low	<input type="checkbox"/>	Not Known
Emotional Maturity and Stability													
<input type="checkbox"/>	Very High	<input type="checkbox"/>	High	<input type="checkbox"/>	Above Average	<input type="checkbox"/>	Average	<input type="checkbox"/>	Low	<input type="checkbox"/>	Very Low	<input type="checkbox"/>	Not Known



Graduate Student Recommendation Form

Academic Ability								
Very High	High	Above Average	Average	Low	Very Low	Not Known		
Social Skills: The ability to get along with people, poise and ease in varied situations								
Very High	High	Above Average	Average	Low	Very Low	Not Known		
Imagination and Creativity: Capacity for original thought and the ability to generate new ideas								
Very High	High	Above Average	Average	Low	Very Low	Not Known		
Intellectual Ability: The power to grasp concepts and to reason analytically								
Very High	High	Above Average	Average	Low	Very Low	Not Known		
Communication skills (written)								
Very High	High	Above Average	Average	Low	Very Low	Not Known		
Communication skills (oral)								
Very High	High	Above Average	Average	Low	Very Low	Not Known		
Perseverance								
Very High	High	Above Average	Average	Low	Very Low	Not Known		
Administrative Skills								
Very High	High	Above Average	Average	Low	Very Low	Not Known		

Comments on any of the above characteristics: _____

1.2. Please indicate how well the applicant is known to you by circling one choice:

Known personally Seen occasionally Known only through records

1.3. Please indicate how long you have known the applicant:

Less than 1 year 1 – 3 years More than 3 years

1.4. The applicant has been known to you as a:

Student Subordinate Colleague Friend Acquaintance



Graduate Student Recommendation Form

Specific Comments: (Please add comments which will explain and expand on the ratings in #1.1 as well as assist in providing a complete picture of the applicant's abilities and potential. (Include an additional letter if necessary.)

1.1 What do you see as personal strengths of this applicant?

1.2 In your view, what weaknesses might this applicant show?

1.3 Galen University would appreciate your overall assessment of the applicant's academic and personal qualities. _____

1.4 Would you recommend this individual to attend a rigorous Master's Program? _____

2. The Referee

Referee's name: _____

Organization: _____

Position: _____

Address: _____

City: _____ Country: _____

Contact Telephone: _____ Fax Number: _____ E-mail: _____

Referee's Signature _____ Date _____

This Recommendation will become a part of your permanent record at Galen University. It should be completed and returned with all necessary documents to:

**The Office of Admissions
GALEN UNIVERSITY
P. O. Box 94
San Ignacio, Cayo District
Belize, Central America**



For information please phone, fax, or email:

Tel: +501-824-3226 Fax: +501-824-3723 Email: admissions@galen.edu.bz