



Recommendation Form

To the Applicant: Please fill in your name, address and program of interest on the recommendation forms below. Ask professionals at your current or most recently attended school (counselor, teacher, principal) or your workplace to complete this form and return it to you in an envelope that is sealed and signed. **One recommendation from school management is required for the Certificate in Primary Education students.** Submit the sealed and signed letters of recommendation in your Application Package.

Applicant Information

| | | | |
|---|------------------|-----------------------|----------------------------|
| Last Name _____ | First Name _____ | Middle Name _____ | Preferred First Name _____ |
| Address _____ | | City _____ | District _____ |
| Street _____ | Home Phone _____ | Work/Cell Phone _____ | Email _____ |
| Academic Program of Interest: _____ | | Program Code _____ | |
| Program _____ | | Program Code _____ | |
| Expected semester and year of entrance: _____ | | 20____ | |
| Semester _____ | | | |

Recommendation Instructions

The University of Belize appreciates your willingness to evaluate the academic potential of the student named above. Your recommendation is important to the admission process and also will help in advising the applicant. Please complete this form and return it to the student in a sealed and signed/stamped envelope to be submitted with the application by the applicant.

| | | |
|--|------------------------------|-----------------|
| Your name _____ | Title/Position _____ | Telephone _____ |
| Email address _____ | | |
| School/Company Address _____ | School/Company Address _____ | |
| How long and in what capacity have you known the applicant? _____ | | |
| Is the applicant's academic performance a true reflection of their ability? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Please give an example to represent the applicant's personal ethics. | | |
| _____ | | |
| _____ | | |
| _____ | | |

| <p>Please rate the applicant on the following attributes:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;"></th> <th style="width: 15%;">Excellent (Top 10%)</th> <th style="width: 15%;">Good</th> <th style="width: 15%;">Average</th> <th style="width: 15%;">Below Average</th> </tr> </thead> <tbody> <tr> <td>Motivation</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Leadership</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Written Communication</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Oral Communication</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Intellectual Curiosity</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table> | | Excellent (Top 10%) | Good | Average | Below Average | Motivation | <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"/> | Written Communication | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Oral Communication | <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"/> | <p>Final Recommendation (Check <u>one</u> box only):</p> <p><input type="checkbox"/> I highly recommend this applicant for admission to UB.</p> <p><input type="checkbox"/> I recommend that this applicant be given the opportunity to show his or her ability at UB.</p> <p><input type="checkbox"/> I recommend this applicant but I am concerned about their academic ability or personal traits.</p> <p><input type="checkbox"/> I cannot recommend this applicant for admission to UB.</p> <p style="text-align: right;">____ mm / dd / yyyy</p> <p>Signature _____ Date _____</p> |
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Affix Institution/Organization stamp/seal

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