

Recommendation Form

Name of applicant:
School name:
City / Country: , -
Expected date of graduation (month-year): -

Instructions for the referee

Each applicant sends in information about his / her activities, ambitions and interests. In addition, we ask for at least one letter of recommendation from a teacher, study advisor, or school principal. Your comments are an important part of the student's application package and we appreciate your efforts to provide them.

We have prepared this active-PDF form for your convenience; you can type your recommendation in the fields of this form (save it) and print it, or, if you prefer, you can write a separate letter. Regardless, please use this form as a guide to the kind of information we seek about our candidates. Furthermore, we ask you to please enter your responses to 5, 7 and 8 on this form and provide it with your letter.

Please return your recommendation to the candidate in a sealed envelope that is signed across the seal.

- 1. Since when, and in what capacity do you know the applicant?**
- 2. Please comment on the applicant's academic ability, work and study habits. Does the applicant distinguish him/herself from other students?**
- 3. Please comment on the applicant's personal interaction with others. Does he/she interact well with peers and teachers?**
- 4. Are there any special circumstances we should be aware of? For example: personal situation, unusual accomplishments, obstacles overcome.**

Roosevelt Academy



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5. Please rate the applicant on the following dimensions, in comparison with other college-bound students of similar age and experience. *Response required.*

	Don't know	Below average	Average	Good (above average)	Very Good (top 10%)	Excellent (top 5%)
Intellectual Potential:						
Analytical skills:						
Creativity:						
Motivation to learn:						
Ability to handle stress:						
Written communication skills:						
Oral communication skills:						
Study skills:						
Emotional maturity:						
Contribution to community:						

6. Other comments

7. Please indicate your overall endorsement. *Response required.*

Not recommended	Recommended with some reservation	Recommended without reservation	Highly recommended
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8. Contact Information. *Response required.*

Please provide the information below so that we may contact you for further information, if necessary.

Name: Title / function: School: Work phone: E-mail: Signature..... Date: - -
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We thank you for your comments. If you have any questions concerning this recommendation form, please send an e-mail to admissions@roac.nl or call the admissions office at +31-118-655-500.