



## Recommendation form

Name of applicant:

School name:

City / Country:

Expected date of graduation (month-year):

### Instructions for the referee

University College Roosevelt asks each applicant for information about their 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.

To submit a recommendation you can download the form to your computer, fill out the questions and save it. If you prefer, you can write a separate letter. However, do use this form as a guide to the kind of information we seek about our candidates. Once you have saved this form, or your letter as a pdf, you can upload it in a link that will be sent to you by application system OSIRIS.

- 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.



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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:
Date:                   -   -   -	

We thank you for your comments. If you have any questions concerning this recommendation form, please send an e-mail to [admissions@ucr.nl](mailto:admissions@ucr.nl) or call the admissions office at +31-118-655-500.