



UNIVERSITY COLLEGE OF THE CARIBBEAN COMMONWEALTH DEGREES

Commonwealth Executive Masters in Business Administration
Commonwealth Executive Masters in Public Administration



CONFIDENTIAL RECOMMENDATION OF APPLICANT

To the Applicant:

Please print your name in the space below. This form must be completed by your referee and must be sealed and returned to the Commonwealth of Learning Executive Graduate Office. Applications will not be processed without the relevant documents.

Name (please print): _____
Last First Middle

Current Address: _____

Programme of choice: _____

To the Referee:

The person whose name appears above is applying for admission to the Commonwealth Executive Masters in Business Administration/Commonwealth Executive Masters in Public Administration programme at the University College of the Caribbean. In considering the applicants, the Admission Committee finds that a recommendation presenting a balanced view of an applicant's abilities and other attributes is most helpful. This form is provided for your convenience only. We would welcome your comments in whatever format you think suitable. It is recommended that you keep a copy for your files.

Please return your recommendation in a sealed envelope, under confidential cover, with the applicant's name clearly printed on the front. Address the envelope to:

CEMBA/CEMPA Programme Director
Commonwealth of Learning Executive Graduate Office
University College of the Caribbean
17 Worthington Avenue
Kingston 5

- How long have you known the applicant? _____
- In what capacity? _____
- What do you consider to be his/her most outstanding characteristic or talents?

- Please rate the applicant using the following scale:
5- Outstanding 4- Above average 3-Average 2- Below Average 1-Poor 0-No basis for judgement

	5	4	3	2	1	0
Intelligence	<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"/>
Communication skills: oral	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication skills: written	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work well with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation and purposefulness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership abilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Imagination and creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health and emotional stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- The admission committee would appreciate any additional statement you may wish to make concerning the applicant's capacity for further studies

- Please check the following boxes to indicate the degree of your overall evaluation of the applicant.
 strongly recommend recommend with reservation
 recommend do not recommend

- Referee's Name _____
Institute/Organisation _____ Position _____
Address _____
Signature _____ Date _____