RECOMMENDATION FROM PROFESSIONAL ACQUAINTANCE
FOR UNDERGRADUATE PROGRAMMES

This form is to be filled out by a professional who is not a member of the applicant’s immediate family. Please send this form directly to the Admissions Office of the Caribbean Nazarene College.

Applicant’s Last Name ___________________________ First Name ___________________________ Middle Name ___________________________

The applicant named above is applying for admission to the Caribbean Nazarene College, which strives to equip men and women for various forms of professional service.

1. How long have you known the applicant? _________________________________________

2. How well do you know the applicant? _____________________________________________

3. In what capacity? _______________________________________________________________

QUALIFICATIONS

Please rate the applicant with respect to each of the characteristics listed below by ticking [✔️] the item under each heading which most adequately represents your evaluation.

PHYSICAL CONDITION
[ ] Good health
[ ] Fairly healthy
[ ] Somewhat below par
[ ] Frequently incapacitated
[ ] No opportunity to observe

CHRISTIAN LIFE
[ ] Exerts Christian influence
[ ] Active Church Member
[ ] Attends services only
[ ] Uncertain of commitment
[ ] No opportunity to observe

TEAMWORK
[ ] Works well with others
[ ] Usually cooperative
[ ] Prefers to work alone
[ ] Frequently cause friction
[ ] No opportunity to observe

INTELLIGENCE
[ ] Brilliant; exceptional capacity
[ ] Alert; has a good mind
[ ] Average mental ability
[ ] Learns and thinks slowly
[ ] No opportunity to observe

RELGIOUS EXPERIENCE
[ ] Rich and growing
[ ] Genuine but mild
[ ] Over-emotional
[ ] Relatively superficial
[ ] No opportunity to observe

RESPONSIVENESS to the feeling and needs of others
[ ] Insightful and considerate
[ ] Understanding and thoughtful
[ ] Reasonably responsive
[ ] Slow to sense how others
[ ] No opportunity to observe
4. I recommend this applicant for admission to the Caribbean Nazarene College.

Unreservedly [ ]
With reservations [ ]
Do not recommend [ ]

Comments:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Referee’s Name (in full) __________________________________________ Signature __________________________ Date __________

Address: ______________________________________________________________________________________________________

Telephone Number: __________________________ E-mail: __________________________