

# APPLICATION FOR ADMISSION

## REFEREE'S REPORT

### SECTION A

**TO APPLICANT:** Please print your name in the space below. This form must be completed by your referee and forwarded in a sealed envelope address to:

**The Principal  
Institute of Career Choice  
8<sup>B</sup> Brooks Avenue  
May Pen PO  
Clarendon**

Telephone: 876-986-1604 or 876-883-2026

You should furnish a stamped addressed envelope, where necessary, to facilitate the return of the report. The application cannot be processed until the referee's report has been received by the Principal.

\_\_\_\_\_ is applying for admission to the **Institute of**  
**NAME IN FULL**  
**Career Choice** and requests that you complete this evaluation

### SECTION B

1. In what capacity have you known the applicant?

Principal/Vice-Principal       Form Teacher       Pastor       Justice of the Peace

2. Through which Community/School/Church were you acquainted with this applicant?

3. How long have you know this applicant? \_\_\_\_\_ years \_\_\_\_\_ months

4. Are there any significant behavioral or disciplinary problems associated with applicant? [ ] Yes [ ] No  
If yes, please state \_\_\_\_\_

5. Have all fees been paid in a timely manner? [ ] Yes [ ] No

6. Are there any outstanding debts owed by this applicant? [ ] Yes [ ] No

**TO REFEREE:** Your ranking of the following characteristics will be an important criterion in making a decision. Please use this rating scale:

5 - Outstanding  
4 - Above average  
3 - Average  
2 - Below average  
1 - Poor  
0 - No basis for judgment

1. Ability to express himself/herself orally	5	4	3	2	1	0
2. Ability to express himself/herself in writing	5	4	3	2	1	0

"Success is a result of dedication"

3. Potential to pursue further academic studies	5	4	3	2	1	0
4. Intelligence	5	4	3	2	1	0
5. Initiative	5	4	3	2	1	0
6. Emotional maturity	5	4	3	2	1	0
7. Seriousness of purpose	5	4	3	2	1	0
8. Moral standing	5	4	3	2	1	0

For each category check the most appropriate box. In making assessments, please compare the applicant with other students you have known at similar stage of studies.

	Excellent	Very Good	Good	Average	Weak
Academic Achievement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Originality of Ideas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Industrious	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-reliance and Independence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Decorum and Mannerism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Verbal Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parental Support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please state your general observation on his/her academic performance and any other comments you think are necessary for the applicant's acceptance.

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Do you recommend this applicant to our institution?       Yes       No

Name \_\_\_\_\_ Signature \_\_\_\_\_

Occupation \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_



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