GIST Sand

Teacher Recommendation

Applicant's Name

TEACHER INFORMATION

Name :

School/Institution : (Name of institution you work for)

Subject(s) : (What subjects have you taught this applicant?)

Relationship with

applicant

Period of acquaintance: (How long have you known this applicant?)

Phone number : (Phone) (Fax)

Cell phone number :

CONFIRMATION

I certify that the information presented in my recommendation is accurate, complete, and honest.

I also certify that I have kept all information in my recommendation confidential and that I will not disclose it under any circumstances.

Date: Name: (Signature)

TO THE TEACHER

- Please place this form in an official envelope sealed with your signature across the back and return to the applicant to submit. We greatly appreciate your willingness to assist us in this manner and will give serious consideration to your comments.
- Please ensure that your recommendation will reach us by the due date.
- ${\scriptstyle \circ}$ This recommendation will remain confidential and serve ONLY for admission screening purposes.

.Academic Skills:								
.Academic Skills.								
	Compared with							
	All seniors	Other College- bound Students	Current class	Outstanding	Excellent	Good	Below Average	No data (impossible to evaluate)
Academic Goal-orientations & Effects								
Self-directed Learning Skills								
Class Participation & Attitude								
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2. Personality:

	Outstanding	Excellent	Good	Below average	No data (impossible to evaluate)
Sense of responsibility					
Sincerity					
Leadership					
Cooperativeness					
Kindness and respect for others					

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3.

- Please check your ratings of the applicant's Academic Skills and Personality, in comparison with other college-bound students you have taught.
- Should you submit any false information that may ultimately affect the results of admission, the admission of this applicant will be duly cancelled.