



University of Management and Technology

TO BE COMPLETED BY APPLICANT

Applicant's Name _____ For Degree in _____ For Academic year _____

TO BE COMPLETED BY REFEREE

- The referee has to be a teacher at the last academic institute who has taught the applicant in principal subjects **OR** the referee has to be a professional individual who has known the applicant in professional capacity.
- Reference letter has to bear the institute/ organization stamp.

1. Period of Contact _____ Known in capacity _____
2. Please rate the applicant in comparison with his peers in the same course.
3. Please rate the applicant on the above six components:

Traits	Outstanding (Top 2%)	Superior (Top 5%)	Excellent (Top 15%)	Good (Top 33%)	Average (Top 50%)	Below Average (Bottom 50%)	No Information
Intellectual abilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work effectively with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to communicate in English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative and follow-through	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Overall impression of candidate:
- Outstanding (Top 2%)
 - Superior (Top 5%)
 - Excellent (Top 15%)
 - Good (Top 33%)
 - Average (Top 50%)
 - Below Average (Bottom 50%)



Referee's Name _____ Telephone _____

Position/Title _____ Mobile No. _____

Institute/ Organization _____

Institute/ Organization Address _____

Email _____

What special qualities does the applicant possess which leads you to support his / her application? _____

Signature _____ Date _____

Instructions for returning recommendations

Please return this recommendation in a sealed envelope with your signature across the seal. You have the option of returning the sealed recommendation to the applicant.