



RECOMMENDATION FORM FOR GRADUATE STUDENTS

Last Name	First Name	Middle Name	Program Application: <input type="checkbox"/> MBA <input type="checkbox"/> MEDL <input type="checkbox"/> MPHIL
Email Address	Contact No.	Start Date: _____	

To the Applicant:

You are kindly required to submit **two (2)** Recommendation Forms as follows:

- One from a **former professor, dean, or head of the institution you previously attended.**
- One from an **immediate or past employer.**

If you have never been employed, both recommendations are required from a former professor, dean, or head of the institution you previously attended.

This form may be submitted to the Office of Admissions in a sealed envelope with the flap stamped or signed by the recommenders or via email from the recommenders to etranscripts@ub.edu.bz

I agree that the recommendation(s) I am requesting shall be held in confidence by the officials of the University of Belize and I hereby waive my rights to examine same.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Applicant's Signature	Date
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To the recommending person:

The person named above is applying to pursue Graduate Studies at the University of Belize and has given your name as reference. Your evaluation, along with the materials submitted by the applicant will support the evaluation process.

Please place this form in a sealed envelope with either your signature or applicable stamp on the flap of the envelope.

1. How long have you known the applicant? _____
2. In what capacity do you know the applicant? _____
3. How would you rate the applicant in terms of the following factors?

CRITERIA / RATING	Excellent	Above-Average	Average	Fair	Not Observed
1. Intellectual Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Clarity of Oral Expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Written Expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Emotional Stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Leadership Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Diligence in Study and Work Habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Please write or type at the back of this form or on a separate sheet your overall impression of the applicant's skills, abilities, and personality traits that will have a direct bearing on the applicant's success in completing a rigorous Graduate program. Thank you.

Recommending Person's Name and Signature	
Institution and Contact Information	



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