


AMERICAN COLLEGE
REFERENCE FORM
SECTION 1 TO BE COMPLETED BY THE APPLICANT

Please complete your name in the space below and give this form to the referee.

Student Number:	Surname:	Name:	Program of study:
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SECTION 2 TO BE COMPLETED BY THE REFEREE

Thank you for agreeing to provide an evaluation of the individual named above, who is applying to the program of study above of American College. All the information you provide will be treated with strict confidentiality. We would appreciate if you could provide us with an honest and accurate assessment of the candidate. Please provide answers to questions 1- 4 and return the completed form to our Admissions Department (contact details are shown below). Please provide answers to questions 1-3 on a separate sheet of paper and attach it to this form. If you would like additional information on how to complete this reference form, please contact the Admissions Department.

Postal address: American College, P.O. Box 22425, 1521 Nicosia, Cyprus

Physical address: American College, 3 Omirou Avenue, 1097 Nicosia, Cyprus

Tel: +357-22368000, Fax: +357-22368001, Email: admissions@ac.ac.cy

EVALUATION QUESTIONS

1. How long have you known the applicant? When did you meet the candidate for the first time and in what capacity have you known her/him?
2. Please comment on the candidate's competency and potential for growth, ability to work in a team and ability to provide results.
3. What do you consider to be the candidate's main strengths? What are the candidate's major weaknesses?
4. Please rate the candidate on the following criteria:

	Outstanding (top 5%)	Very good (top 10%)	Good (top 25%)	Average (top 50%)	Below Average	Unable to say /comment
Intellectual Ability						
Leadership Potential						
Intellectual Curiosity						
Ability to work in a team						
Creativity						
Analytical Ability						
Ability to express orally						
Ability to written expression						
Adaptability						
Interpersonal Skills						
Personal Integrity/Ethics						
Maturity						



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Name of Referee	
Company/Academic Institution	Position
Address	
Telephone	Fax
Email	
Signature	Date