

Letter of Recommendation

Employer/Academic Evaluation of Applicant

To the Applicant

This form is to be completed by the person giving you an academic reference. They may be a teacher, school counselor, academic advisor, or another person qualified to assess your academic performance and potential. Please type or print your name, address, and the name of the person you have asked to write the recommendation.

Name of Candidate

Last

First

Middle

Home Address

Street/Apt./PO Box

City

State

Zip Code

Country

Referee's Name

Last

First

Middle

Title

To the Referee

This person has applied for admission to one of IUM's Graduate Programs. The Admissions Board would like to thank you for providing information on the candidate, which will be used to assist in the evaluation of the candidate's application for admission. The information contained in this letter of recommendation will be kept strictly confidential. You may return this form to the candidate in an envelope that you seal and sign across the seal or mail the form directly to IUM at the address below. The applicant will forward the unopened envelope with the other application materials to the IUM Admissions Office. In lieu of this form you may submit a comparable letter of recommendation which has been drafted on school letterhead and contains your name and contact details.

A. How long have you known the candidate? Describe the relationship between yourself and the candidate.

B. To what extent has this candidate used his or her intellectual capacity?

C. How would you describe the candidate's motivation to succeed in their chosen field?

D. Please supply the information below.

UNABLE TO JUDGE		AVERAGE	ABOVE AVERAGE	TOP 10%	TOP 5%	TOP 2%	ONE OF THE TOP FEW ENCOUNTERED IN MY CAREER
<input type="checkbox"/>	NATURAL ABILITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	INDUSTRY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	INITIATIVE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	JUDGMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	MATURITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	DISCIPLINE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	RELIABILITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	SOCIAL ATTITUDE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	INTELLECTUAL CREATIVITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	LEADERSHIP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	SUMMARY EVALUATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

E. What impresses you most favorably about this candidate?

F. In what areas might this candidate seek to improve?

Referee's Name _____ Position _____

Signature _____ Date _____

School Name _____

Address _____
Street City State Post Code Country

Telephone _____ E-mail _____

 Official Stamp

The members of the International University of Monaco Admissions Board thank you for your invaluable assistance.

You or the applicant may return the sealed letter of recommendation to:

International University of Monaco - Admissions Office

2, avenue Albert II, MC 98000 Principality of Monaco

Telephone: + 377 97 986 986, Fax: + 377 92 052 830, E-mail: info@monaco.edu, Website: www.monaco.edu