



REFERENCE SHOULD NOT BE RELATED TO THE APPLICANT. REFERENCE LETTERS DO NOT REPLACE THIS FORM.

PART I: TO BE COMPLETED BY THE APPLICANT

NAME AS IT APPEARS ON YOUR PASSPORT _____ PREFERRED NAME _____

HOME ADDRESS FOR MAIL DELIVERY _____

CITY _____ STATE/PROVINCE _____ ZIP/POSTAL CODE _____ COUNTRY _____

CELL PHONE _____ HOME PHONE _____ EMAIL ADDRESS _____

I, _____, give ITC @ UPH permission to contact this reference and waive my right to review any
APPLICANT'S SIGNATURE
 comments made by the reference.

PART II: TO BE COMPLETED BY THE TEACHER OR GUIDANCE COUNSELOR

We greatly appreciate your help in the admission process. Your thoughtful evaluation and recommendation will be valuable to the admissions committee in our appraisal of this applicant. Please note **that the applicant cannot be considered for acceptance or scholarship until we have received this completed form. Reference should not be related to the applicant.**

DATE: _____

INSTRUCTOR'S NAME _____ INSTRUCTOR'S TITLE _____

PHONE NUMBER _____ EMAIL ADDRESS _____

SCHOOL NAME _____ PHONE NUMBER OF SCHOOL _____

1. HOW LONG HAVE YOU KNOWN THE APPLICANT? 0-6 MONTHS 7-12 MONTHS 1-2 YEARS 3-5 YEARS 6-10 YEARS OVER 10 YEARS

2. IN WHAT CAPACITY (OR HOW WELL) DO YOU KNOW THE APPLICANT? _____

3. PLEASE CHECK THE STATEMENT THAT BEST DESCRIBES THE STUDENT'S INTERACTION WITH YOU AND OTHER FACULTY MEMBERS IN THE CLASSROOM:

- THIS STUDENT ENTHUASTICALLY INITIATES DISCUSSION AND INTERACTION
- THIS STUDENT WILLINGLY PARTICIPATES IN DISCUSSION AND INTERACTION
- THIS STUDENT SELDOM INITIATES DISCUSSION AND INTERACTION

4. PLEASE COMMENT ON THE APPLICANT'S CHARACTER. _____



5. WHAT DO YOU BELIEVE TO BE THE APPLICANT'S GREATEST STRENGTH? _____

6. WHAT DO YOU BELIEVE TO BE THE APPLICANT'S GREATEST WEAKNESS? _____

7. PLEASE LIST ANY CIRCUMSTANCES OF WHICH ITC @ UPH SHOULD BE AWARE BEFORE DECIDING ON THE APPLICANT'S ADMISSION.

8. ACADEMICALLY, WHERE WOULD THIS APPLICANT STAND COMPARED TO THE OTHER STUDENTS IN HIS/HER GRADUATING CLASS?

TOP 10% TOP 20% TOP 30% UPPER 50% LOWER 50% LOWER 20%

9. WHAT IS YOUR RECOMMENDATION IN RESPECT TO THIS APPLICANT'S ADMISSION?

STRONGLY RECOMMEND RECOMMEND RECOMMEND WITH RESERVATIONS DO NOT RECOMMEND

10. CAREFULLY RATE THE APPLICANT BY CHECKING THE APPROPRIATE RATING FOR EACH CHARACTERISTIC. ON A SCALE OF 1-5, 5 INDICATES THAT THE STUDENT EXCELS IN THAT CHARACTERISTIC AND 1 INDICATES THAT THE STUDENT DOES NOT DEMONSTRATE THAT CHARACTERISTIC. IT IS IMPORTANT THAT YOU RATE THE STUDENT TO THE BEST OF YOUR KNOWLEDGE FOR EACH CHARACTERISTIC.

	5	4	3	2	1
COMMUNICATION SKILLS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CREATIVITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INTEGRITY	<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"/>
RESPONSIBILITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SELF-DISCIPLINE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SENSIVITY TO OTHERS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ORGANIZATION/TIME MANAGEMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ENGLISH WRITING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ENGLISH READING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ENGLISH SPEAKING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IF YOU HAVE ANY ADDITIONAL COMMENTS, PLEASE USE A SEPARATE SHEET OF PAPER. PLEASE SCAN AND RETURN THIS COMPLETED FORM TO ITCADMISSIONS@UPH.EDU.

ITC @ UPH PROVIDES EQUAL OPPORTUNITY IN EDUCATION WITHOUT REGARD TO RACE, COLOR, NATIONAL OR ETHNIC ORIGIN, GENDER, AGE OR HANDICAP.