

# 2021 ACADEMIC REFERENCE FORM

(To be completed by a teacher who has known the student well.)

*Please print in English using a pen with black or blue ink (no pencil). Typing is also acceptable.  
The envelope must be sealed and signed/stamped across the seal by a school official.*

Date: \_\_\_\_\_

Applicant's name: \_\_\_\_\_

Applicant's present address: \_\_\_\_\_

Applicant is currently enrolled in grade: \_\_\_\_\_ th grade

(If already transferred, applicant was enrolled in grade: \_\_\_\_\_ th grade)

How long have you known the applicant? \_\_\_\_\_

Note the capacity in which you have known the applicant:

---

---

List the courses you have taught to the applicant, noting the applicant's grade for each course.

---

---

---

## [Evaluation]

Please check the appropriate box for each question.

	Does't Meet Expectation	Below Average	Average	Good	Excellent	Top Few	Unknown or Does not Apply
Academic potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Language abilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual curiosity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Effort and determination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disciplined work habits	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect accorded to faculty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall evaluation as a student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- 1) If the student is particularly weak or strong in any areas listed above, please elaborate.
  
- 2) Please add any additional information that will give us a more complete picture of the student. Please attach an extra sheet, if necessary.

SAMPLE

**\* Please fill out all the information below.**

Name of the school official \_\_\_\_\_ Signature \_\_\_\_\_

Name of the school \_\_\_\_\_ Phone \_\_\_\_\_

Address of the school \_\_\_\_\_ Email \_\_\_\_\_