



**GARDEN CITY UNIVERSITY COLLEGE**  
**APPLICATION FOR ADMISSION INTO POST GRADUATE PROGRAMMES**  
**RECOMMENDATION FORM FOR GRADUATE STUDENTS**

<b>Surname</b>	<b>First Name</b>	<b>Middle Name(s)</b>	<b>Programme Application:</b> <input type="checkbox"/> MSc with Research
<b>Email Address</b>		<b>Contact No.</b>	<b>Start Date:</b>

**To the Applicant:**

Please submit **two (2)** recommendations:

- One from a **former lecturer, head, or dean of the department/college or undergraduate school that you attended.**
- One from a **current/past employer.**

If you have never been employed (*not applicable to MSc. Midwifery and Nursing applicants*), both recommendations are required from a former lecturer, dean, or head of the college or undergraduate school. None of the recommenders should be a relative.

This form should be submitted to the School of Graduate Studies and Research in a sealed envelope and stamped on the flap by the recommending person/institution.

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

The person named above is applying to pursue Graduate Studies at the Garden City University College and has given your name as reference. Your evaluation, along with the materials submitted by the applicant, will help in his/her assessment.

Please return this form in a sealed envelope bearing your personal/organization's stamp/seal and signature on the flap of the envelop.

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	Excell ent	Above- Average	Avera ge	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 that will have a direct bearing on the applicant's success in completing a rigorous Graduate programme. Thank you.

<b>Recommending Person's Name, Signature and Stamp</b>	
<b>Institution and Contact Information</b>	