

Transferee Recommendation Form

To the Applicant: Please accomplish only Part I of this form. Part II should be accomplished by your Former Professor/Instructor, Guidance Counselor, or College Dean from your previous school. Provide him/her with an envelope addressed to: CIIT College of Arts & Technology

Part I.

NAME OF APPLICANT: _____
GENDER: _____
SCHOOL: _____
PROGRAM/COURSE: _____

Part II.

NAME OF EVALUATOR: _____
POSITION: _____
LENGTH OF TIME ACQUAINTED WITH THE APPLICANT: _____
DATE: _____

The person named above is applying for admission at CIIT College of Arts and Technology and you have been requested to provide a recommendation.

In making the following ratings, please keep in mind that these will be used to compare the student with the other applicants.

	5 Exceptional	4 Superior	3 Average	2 Fair	1 Poor
Critical Thinking	<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"/>
Innovation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teamwork	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Passion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information literacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Media literacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Technology literacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flexibility	<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"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Productivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Resilience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CIIT recognizes that some of its students may have special learning needs (disabilities) or differences that require learning support. Since it is of great importance to the College that all its students will be able to work towards the successful completion of their academic requirements, we need your assistance in answering the following questions to the best of your knowledge:

1. Does the applicant have any physical condition which may affect his/her performance in College? (Please check)

- YES
- NO

If YES, please specify: _____

2. Do you have any behavioral observation of the applicant that may affect his/her academic performance in College? (Please check)

- YES
- NO

If YES, please specify: _____

3. Do you have negative observations about the applicant which may help us in evaluating his/her application to the College? (Please check)

- YES
- NO

If YES, please specify: _____

OTHER COMMENTS: _____

(you can add an extra sheet for your comments about the applicant)

PRINTED NAME AND SIGNATURE OF EVALUATOR
DATE:

to the evaluator: seal the envelope and sign