



### Applicant Only

1. Please fill in the lines below.
2. Give this form to a person who knows you well. The person may be, for instance, a teacher, an employer, a coach, a religious leader or a friend. You may choose whoever you wish except that the evaluator **may not be a family member**.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street

City State Country Zip Code

Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Under the Family Educational Rights and Privacy Act of 1974, an applicant who is admitted to NYCTCM and who chooses to enroll here may review NYCTCM's records that pertain to him or her alone. If, however, an applicant wishes to obtain confidential recommendations, which will be used for purpose of admission and counseling only, this right of access may be waived. If you wish this recommendation form to remain confidential, please sign below.

*"I will not seek access to this confidential recommendation submitted for the purpose of admission and academic counseling only."*

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Reference

Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_ Relationship with Applicant: \_\_\_\_\_

**Intellectual Ability:** Comment on the applicant's academic achievement and ability to manage academic studies.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Creativity:** Tell us an example of the applicant's creativity, such as a time he or she has shown resourcefulness, has integrated new information easily, or has welcomed new challenges.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please return to Admissions Office:



**Applicant Name:** \_\_\_\_\_

**Dependability:** Give an example of the applicant's dependability, his or her ability to complete tasks on time, and his or her ability to work independently.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Social and Emotional Maturity:** Give an example of how the applicant valued different viewpoints, was a good listener or welcomed feedback about his or her performance.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please comment on any characteristics that may interfere with the applicant's success in pursuing academic studies at NYCTCM.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please rate the applicant on the following attributes:**

	Excellent	Good	Average	Below Average
Desire to Learn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perseverance Towards Goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Integrity	<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"/>
Sincerity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adaptability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Recommendation for Acceptance:**

- I recommend this applicant.
- I recommend with reservations.
- I do not recommend this applicant for acceptance to NYCTCM.

Reference Signature: \_\_\_\_\_

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

Please return to Admissions Office: