

## UNITED STATES INTERNATIONAL UNIVERSITY

P. O. BOX 14634 – 00800, Nairobi, Kenya

Tel: +254.20.3606.000 Fax: +254.20.360.100

## RECOMMENDATION FOR GRADUATE APPLICANTS

(PLEASE OBSERVE THE DEADLINES INDICATED BELOW)

SEMESTER	DEADLINE FOR SUBMISSION
Fall (September) Semester	June 30 <sup>th</sup>
Spring (January) Semester	September 30 <sup>th</sup>
Summer (May) Semester	March 15 <sup>th</sup>

••••	TO BE COMPLETED BY APPLICANT	•••••					
(M	TITLE  LAST/FAMILY NAME  Mrs./Ms. etc	FIRST NAME	MIDDLE				
DEG	REE/MAJOR SOUGHT						
	···· TO BE COMPLETED BY EVALUATOR ·····						
•	(An Evaluator MUST be a person known to the applicant academically e.g. Head Teacher, Lecturer, Class Teacher or Registrar. If the applicant has OVER						
	YEARS work experience, from the SAME ORGANIZATIOI E TO THE EVALUATOR	N, his/her Supervisor qualifies as an Evaluator.)					
The	erson whose name appears above is applying for a	dmission to USIU. The USIU experience helps student					
	des and understanding, which will constitute a foundar dmissions Office if you give us your assessment of the a	tion for their growth into competent and responsible po	ersons. It would be of assistance to				
	UATOR'S NAME: (In Full)						
		(Please Print)					
EVA	UATOR'S TITLE/POSITION ————————————————————————————————————						
INICT	TUTION/ORGANIZATION (DI						
	(Pie	ease Rubber-Stamp with School/Institution/Company o	r Organization				
	AL ADDRESS						
TELE	PHONE F	FAX E-MAIL:					
SIGN	ATURE	DATE					
1.	How long have you know the applicant?						
2.	In what canacity have you known the applicant? Please o	comment on the frequency and context of your interaction	nn				
3.	What are applicant's most outstanding abilities or charac	cteristics?					
4.	4. What are the applicant's most noticeable weaknesses?						
5.	5. Which of the applicant's character traits would you want to change or see improved?						
6.	Do you know any personal circumstance(s) that might af	ffect the applicant's performance? Please explain					
٥.	20 you might dry personal endamentance(s) that might dr						

7.	Please give us your appraisal of the applicant's in terms of the qualities listed below. To what reference groups (e.g Student, Employee, Service) are
	you comparing the applicant?

A TRULY EXEPTIONAL	B OUTSTANDING	C WELL ABOVE AVERAGE	D ABOVE AVERAGE	E AVERAGE	F BELOW AVERAGE	G INADEQUATE OPPORTUNITY TO OBSERVE
Equivalent to the very best you have known. A person who in your experience appears only every few years.	Comparable to the best student in a current class	Top 25%	Demonstrated high ability	Capable of completing work	Lower than 50%	

	Α	В	С	D	E	F	G	
								Integrity Flexibility Independence Self Confidence English Proficiency Administrative Abilities Imagination and Creativity Ability in Oral Expression Ability to work with others Breadth of General Knowledge Ability to initialize projects and meet deadlines Ability to analyze problems and formulate solutions
8.	How do	pes this app Truly Exception	_	mpare with		eer group in a Well Al Averag	oove	
Э.		feel free to		rmation ab	out the ap	plicant's reco	prd, pot	tential or personal qualities which you believe would be helpful in considering this

PLEASE RETURN THIS RECOMMENDATION TO THE APPLICANT IN A SIGNED AND SEALED ENVELOPE.

IF RECEIVED AT THE ADMISSIONS OFFICE UNSEALED, IT WILL BE REJECTED