

**Reference Letter for Admission to Undergraduate Study  
MasterCard Scholars Program – University of Gondär**

To be completed by Preparatory School Director (Form: MCSP.03)

*Please Write/Type/ Print Clearly*

Applicants' Full Name. \_\_\_\_\_

Desired Degree Program (in order of preference, up to three). \_\_\_\_\_  
\_\_\_\_\_

**Instruction to Applicant.** Please complete the information above and give this form to the person who will offer a recommendation on your behalf.

**Instructions to Referee.** Please write a short assessment of the applicant below. We are particularly interested in the applicant's strengths, weaknesses and characteristics that would help the Scholars Recruitment and Selection Committee judge the applicant's ability and potential to succeed in the Scholars program. Feel free to add a separate recommendation with your own letterhead attached to this form. Also, please give your impression of the applicant using the chart below by ticking (✓) the box that best describes the applicant and/or his/her family. Your assessment should be sent directly to our office via email or mail, or in sealed envelope.

Measurement Parameter						
	Excellent	Above average	Average	Below average	Poor	Can't assess
Analytical ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Expression skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extracurricular activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Potential as Leader	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall academic potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Referee's Name, Title \_\_\_\_\_

Name of Institution \_\_\_\_\_

Email \_\_\_\_\_

Telephone \_\_\_\_\_

Fax. \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

Official Seal

