



香港三育書院

HONG KONG ADVENTIST COLLEGE

1111 Clear Water Bay Road, Sai Kung, New Territories, Hong Kong

Tel: (852) 2719-1667 Fax: (852) 2358-1055 Email: hkac_info@hkac.edu Web: www.hkac.edu

RECOMMENDATION FORM

(This form must be completed by the person who is not a relative of the applicant)

NAME OF APPLICANT _____

The individual named above has applied for admission to the Hong Kong Adventist College. Please evaluate and recommend this individual in terms of the past performance and character traits. Your comments assist in guiding in the selection of students. This recommendation will be kept in the applicant's record on file in the Registrar's Office and will be kept strictly confidential. For ease of evaluation circle the number in the chart below which reflects your knowledge of the applicant.

TRAIT	EVALUATION					
	Excellent				Poor	
ACADEMIC ABILITY	5	4	3	2	1	N/A
HONESTY	5	4	3	2	1	N/A
MATURITY	5	4	3	2	1	N/A
INDUSTRY	5	4	3	2	1	N/A
LEADERSHIP	5	4	3	2	1	N/A
RELIGIOUS ATTITUDE	5	4	3	2	1	N/A

COMMENTS: Applicant's Strengths and Weaknesses (use the back page if necessary)

I have known the applicant for _____ years in the capacity of _____.

_____ I recommend the applicant WITHOUT reservation.

_____ I recommend the applicant WITH reservation.

_____ I CANNOT recommend the applicant.

Signature

Date

Name (Please Print)

Title / Position

Please mail the completed form to:

The Registrar
Hong Kong Adventist College
1111, Clear Water Bay Road
Sai Kung, NT, Hong Kong



香港三育書院

HONG KONG ADVENTIST COLLEGE

1111 Clear Water Bay Road, Sai Kung, New Territories, Hong Kong

Tel: (852) 2719-1667 Fax: (852) 2358-1055 Email: hkac_info@hkac.edu Web: www.hkac.edu

RECOMMENDATION FORM

(This form must be completed by the person who is not a relative of the applicant)

NAME OF APPLICANT _____

The individual named above has applied for admission to Hong Kong Adventist College. Please evaluate and recommend this individual in terms of past performance and character traits. The Admissions Committee welcomes your comments in guiding in the selection of students. This recommendation will be kept in the applicant's record on file in the Registrar's Office and will be kept strictly confidential. For ease of evaluation circle the number in the chart below which reflects your knowledge of the applicant.

TRAIT	EVALUATION					N/A
	Excellent				Poor	
ACADEMIC ABILITY	5	4	3	2	1	N/A
HONESTY	5	4	3	2	1	N/A
MATURITY	5	4	3	2	1	N/A
INDUSTRY	5	4	3	2	1	N/A
LEADERSHIP	5	4	3	2	1	N/A
RELIGIOUS ATTITUDE	5	4	3	2	1	N/A

COMMENTS: Applicant's Strengths and Weaknesses (use the back page if necessary)

I have known the applicant for _____ years in the capacity of _____.

____ I recommend the applicant WITHOUT reservation.

____ I recommend the applicant WITH reservation.

____ I CANNOT recommend the applicant.

Signature

Date

Name (Please Print)

Title / Position

Please mail the completed form to:

The Registrar
Hong Kong Adventist College
1111, Clear Water Bay Road
Sai Kung, NT, Hong Kong