



COLEGIO INTERAMERICANO

Boulevard La Montaña Finca El Socorro, Zona 16
Guatemala City, Central America
Tel. (502) 2364-1805 Fax (502) 2364-1779

RECOMMENDATION FORM

This form, will be use as recommendation for enrollment in Colegio Interamericano. Upon completion of the same, please send it back directly to us by **fax**: (502) 2364-1779, **mail** it to our offices (Boulevard La Montaña, Finca El Socorro, Zona 16, 01016 Guatemala City, Guatemala), or **e-mail** it to admissions@interamericano.edu.gt Thank you.

We guarantee complete confidentiality in regard to this information.

Applicant's complete name: _____

Present grade: _____ Year first enrolled in present institution: _____

Name of present school: _____

Street Address: _____

Telephone number: _____ Fax number: _____

Email address: _____

Person who evaluates: _____

Position: _____

Please fill out the following information:

Area	Evidence	Unsatisfactory	Satisfactory	Excellent
Maturity				
Self-discipline				
Leadership				
Integrity				
Respect				
Cooperation				
Motivation				
Self-esteem				
Sense of Humor				
Creativity				
Academic Achievement				
Responsibility				

Please answer the following questions:

1. What are the academic strengths of the candidate?

2. What are the academic weaknesses of the candidate?

3. What are the personal strengths of the candidate?

4. What are the personal weaknesses of the candidate?

5. How does the candidate perform in teamwork?

6. How would you rate the candidate's emotional maturity according to his/her age?

7. Has the candidate taken a psychological evaluation? For what reasons?

8. Does the candidate use a specific medicine?

9. Has the candidate been reprimanded due to disciplinary reasons?

10. Please share any additional comments on this candidate.

I, hereby, **recommend** this student to Colegio Interamericano.

DO NOT recommend

Date: _____

Signature: _____

School seal: