



AFRICA UNIVERSITY
(A United Methodist-Related Institution)

TEACHER/COUNSELLOR RECOMMENDATION

Name of Faculty where student is to be admitted

Name of Student
Surname First Middle

Address
.....

School

To the Applicant:

After you have filled out the above, submit this form to a teacher or guidance counsellor who has taught or advised you in the last two years. It is particularly helpful if the teacher represents a subject area of continuing interest to you.

To the Teacher/Counsellor:

This student is applying for admission to Africa University. We are interested in your candid appraisal of his/her intellectual motivation and the scholastic quality of his/her work. Your evaluation is very important to us and will be the integral element in our decision process.

This form should be returned together with the Application Form to the following address (as soon as possible):

The Assistant Registrar
(Academic Affairs)
Africa University
P O Box 1320
MUTARE
Zimbabwe

Teacher/Counsellor
Surname First Name

Length of acquaintance

Subject or Course Dates taught

Please comment on the quality and nature of the applicant's academic work.

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How would you describe this student? Are there any personal strengths, weaknesses, or problems of which you feel we should be aware?

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Compared to other University bound students, tick how you would rate this student in terms of academic skills and potential.

	Below Average	Average	Good Above	Very Good & Above Average	Excellent (top 10%)	One of the few encountered in my career)
Creative, original thought						
Motivation						
Perseverance						
Independence initiative						
Intellectual ability						
Academic achievement						
Written expression of ideas						
Effective class discussion						
Disciplined work habits						
Potential for growth						
SUMMARY EVALUATION						

Leadership qualities (etc)

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Signature Date

/mm