International Student Recommendation Form

The applicant should fill his/her name and give this form to a teacher, tutor, or person well acquainted with his/her ability. **(Cannot be family related.)**

Name of Applicant_____
(Please Print) **Family Name** **First or Given Name** **Middle Name**

How long and in what capacity have you known the applicant? _____
_____

Please evaluate the applicant in the following areas:

Integrity:_____
_____

Maturity:_____
_____

Motivation:_____
_____

Intellectual ability:_____
_____

Relations with peers: _____
_____

Dependability: _____
_____

Other strengths and/or weaknesses:_____
_____

Other observations and/or recommendations: _____
_____

Do you recommend the applicant for admission to the Mexican American Catholic College?
_____

Name of endorsing party:_____

How do you know the applicant?_____

_____ _____
Signature **Date**

Please enclose this form in a sealed envelope and return to applicant or mail to:

Registrar's Office
Mexican American Catholic College
3115 Ashby Place, P.O. Box 28185, San Antonio, TX 78228, USA

phone: (210) 732-2156 x 7102 toll-free: 1-866-893-6222 fax: (210) 736-2963 website: www.maccsa.org e-mail: registrar@maccsa.org