MACC
MEXICAN AMERICAN CATHOLIC COLLEGE

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**Fax: (210) 732-9072**
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**Please enclose this form in a sealed envelope and return to applicant**

# 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 list your evaluation of the applicant's traits**.

Integrity:_____
_____

Maturity:_____
_____

Motivation:_____
_____

Intellectual ability:_____
_____

Relations with peers: _____
_____

Dependability: _____
_____

Other strengths and/or weaknesses:_____
_____

Other observations and/or recommendations: _____
_____

Your recommendation regarding this student for admission (Please Circle One)

1. With enthusiasm.
2. Strongly recommend.
3. Recommend with reservation.
4. Do not recommend.
5. **Please call. My phone number:(____)**_____

**Name of endorsing party:**_____

_____
**Signature** **Date/Mo./Day/Year**