



RECOMMENDATION FORM

Reference/Recommendations

Please submit at least two recommendations with your application

To the Applicant:

- Please type or print your name in the space below and then give this form to your Imam, Teachers, Family, Friends or Community members.
- All recommendations must be submitted with the application

Name of Student (please print)

Signature of Student Date

To complete the fillable PDF form:
Open the form using Acrobat Reader and enter your responses within the embedded fields of page two and three.

Save and print the form, then attach the completed pages to page one. Sign each form and them to the requested schools in the envelopes provided by the student.

Name of Parent or Guardian (please print)

Signature of Parent or Guardian Date

To the Imam, Community Members, Family, Friends or Teachers:

This recommendation will remain confidential and will not become part of the student’s permanent record. Be sure the parent/guardian has signed the form in the space above. Feel free to use additional sheets, if necessary.

Thank you for your cooperation and candor.

Your Name (please print)

Relationship to student Organization (if applicable)



Reference Form

Name of Student _____

Please place check marks at the points that represent your evaluation of the student in comparison to other students in his age group whom you have lead, worked with or taught. If you have no fair basis for evaluation, please do not hesitate to say so.

	One of the top few I have ever encountered	Excellent	Good (above average)	Average	Below Average	No Basis for Evaluation
Community Service/Involvement						
Academic Achievement						
Intellectual Curiosity						
Determination/Motivation						
Ability to work independently						
Ability to work well in a group						
Memorization of Quran						
Islamic Studies						
Concern for Others						
Honesty/Integrity						
Leadership Ability						
Maturity(relative to age)						
Responsibility						
Show respect towards elders						
Show respect towards Peers						
Emotional Stability						
Overall Evaluation as a Person						
Overall Evaluation as a Student						

If the student is relatively weak or strong in any areas listed above, please elaborate.

Please comment on this student's participation in community life.

Please add any additional information that will give us a more complete picture of the student.

Thank you for taking your valuable time to complete this application. Your reflections are an important part of the student's application.

Signature _____

Date _____

Mailing Address _____

Email Address _____

Telephone _____