



**RICHMOND**  
THE AMERICAN INTERNATIONAL  
**UNIVERSITY**  
IN LONDON

**Teacher/Guidance Counselor  
Confidential Academic Reference Form**

**INSTRUCTIONS – STUDENT**

Tear off and give the Confidential Academic Reference Form to your teacher or guidance counselor.

**INSTRUCTIONS – TEACHER OR GUIDANCE COUNSELOR**

Please complete the questions on the reverse side. If you would prefer to submit your remarks in a letter on institutional letterhead, please address the questions on the reverse side of this form. Please submit the reference directly to the appropriate Admissions Office listed below. Alternatively, the applicant may include the reference with their application provided you have sealed it in a separate signed envelope. We are grateful for your input and effort in helping the applicant and Richmond make the right admissions decision. Thank you.

Further copies of this form can be downloaded from our website at [www.richmond.ac.uk](http://www.richmond.ac.uk)

<p><b>Applicants residing in countries other than the United States:</b></p> <p>UK Office of Admissions Richmond, The American International University in London Queens Road Richmond-upon-Thames TW10 6JP England Telephone: +44 (0)20 8332 9000 Fax: +44 (0)20 8332 1596 Email: <a href="mailto:enroll@richmond.ac.uk">enroll@richmond.ac.uk</a> <a href="http://www.richmond.ac.uk">www.richmond.ac.uk</a></p>	<p><b>Applicants residing in the United States:</b></p> <p>US Office of Admissions Richmond, The American International University in London 343 Congress Street Suite 3100 Boston MA 02210-1214 Telephone: +1 (617) 450 5617 Fax: +1 (617) 450 5601 Email: <a href="mailto:us_admissions@richmond.ac.uk">us_admissions@richmond.ac.uk</a> <a href="http://www.richmond.ac.uk">www.richmond.ac.uk</a></p>
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**APPLICANT**

After filling in your name and address below, give this form to your teacher or guidance counselor.

<input type="checkbox"/> Mr		<input type="checkbox"/> Mrs		<input type="checkbox"/> Miss		<input type="checkbox"/> Ms		First Name	Middle Name(s)
Family Name(s)									
Mailing address									
City			State/Province			Post Code		Country	
Telephone contact details									
<b>Home:</b> Country Code			City/Area Code		Number		<b>Fax:</b>		
<b>Mobile/Cell:</b> Country Code			City/Area Code		Number		<b>Email:</b>		
Intended date of entry to Richmond								Year of entry	
<input type="checkbox"/> Fall (September)		<input type="checkbox"/> Spring (January)		<input type="checkbox"/> Summer Session I		<input type="checkbox"/> Summer Session II			

**REFEREE – Teacher or Guidance Counselor**

Mr/Mrs/Miss/Ms		First Name		Middle Name(s)			
Family Name(s)				Title			
School/university name							
School/university mailing address							
City		State/Province		Post Code		Country	
Telephone contact details							
<b>Work:</b> Country Code		City/Area Code		Number		<b>Fax:</b>	
<b>Mobile/Cell:</b> Country Code		City/Area Code		Number		<b>Email:</b>	

**PLEASE COMPLETE THE FOLLOWING**

Please tick the box which best describes the student's performance.

	<i>Poor</i>	<i>Below average</i>	<i>Average</i>	<i>Above average</i>	<i>Excellent</i>	<i>Exceptional</i>
Academic promise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Character and personal promise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional stability and self-reliance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relation to peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sense of personal integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Verbal skills in English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written communication skills in English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall recommendation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How long have you known the applicant, and in what context?

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Please describe the applicant in terms of academic achievements and intellectual traits (e.g. speaking and writing ability, motivation and creativity).

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Please describe the applicant in terms of personal traits and non-academic accomplishments (e.g. character, values, concern for others, leadership, social maturity, relationships with peers).

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Please discuss any unusual circumstances, special background information, or other factors (positive or negative) that may relate to the applicant's academic performance or pertinent to the overall evaluation.

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Please indicate your overall estimate of the applicant's future success at Richmond:

- Excellent    Good    Average    May encounter some difficulty    Poor

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Signature

Date

Print name

Name of institution

Position at institution