



CENTRE FOR ADVANCED STUDIES STUDENT RECOMMENDATION

Science City Centre, Centre for Advanced Studies, Rosehill Terrace, 1B Ogunmola close, Idi Ishin, Ibadan.

TO BE COMPLETED BY STUDENT:

Name of applicant: _____

APPLICANT'S WAIVER OF RIGHT OF ACCESS TO CONFIDENTIAL STATEMENT

I hereby freely and voluntarily waive my right to any information contained in this recommendation and agree that the statement shall remain confidential.

RECOMMENDATION

It is important that recommendations be frank and detailed. Brief evaluations in general terms are of little value to the admissions committee. The evaluation should state the extent of your acquaintance with the applicant and your opinion of the applicant's aptitude to study. Any specific knowledge concerning the applicant's scholastic ability, industry, and character should be discussed.

Please complete the information below and provide the recommendation in the space provided on the back of this form. Recommendations should be returned to the applicant in a sealed and signed envelope, the applicant is then responsible for returning the sealed recommendation with the application to Science City Centre, Centre for Advanced Studies. Applications must be postmarked by February 25, 2014.

Name of Recommender _____

Title _____

Institution _____

Address _____

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

2. What is your opinion of the applicant's qualifications for centre for advanced studies (i.e., intellectual ability, motivation, work habits)?

3. If the applicant is currently enrolled or was previously enrolled as a student in your school, where would you rank this student?

Lower 50% Mid 25% Highest 10% Highest 5% Other ____%

4. Please provide, in the space available, any additional comments you believe will be helpful in the evaluation of the candidate's application to the Centre for Advanced Studies.

Signature _____ Date _____



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