

**TUTOR’S RECOMMENDATION**

**(For private candidates only)**

**TO THE APPLICANT:** Kindly request a tutor who has taught you to complete this recommendation form. The recommending tutor needs to have taught you for at least one consecutive year.

Applicant’s full name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current year of study: Class 11 AS Level

Name of tuition centre: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Study duration *(dd/mm/yyyy)*: \_\_\_\_\_/\_\_\_\_\_/20\_\_\_\_ to \_\_\_\_\_/\_\_\_\_\_/20\_\_\_\_

**TO THE TUTOR:** The above named student is being considered for admission at Sceptre College for Advanced Studies. Please provide candid responses to the questions below. Your responses will be used by the admissions committee for holistic consideration of the concerned student’s application. If you wish to provide any additional information, feel free to attach it to this form. Confidentiality will be maintained at all times. **Please stamp and seal this document, duly filled and signed, along with any additional information in an envelope addressed to Sceptre College before handing it to the applicant.** If you have any queries, feel free to contact our Admissions Office ([admissions@sceptrecollege.pk](mailto:admissions@sceptrecollege.pk)).

Thank you in advance for your time.

**BACKGROUND INFORMATION**

1. How long have you known this student for? \_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. In what capacity have you known this student? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. How familiar are you with this student?

Very familiar  Familiar Not too familiar Unfamiliar

1. List the courses you have taught this student and their corresponding durations (month and year).

|  |  |  |
| --- | --- | --- |
| **Sr.#** | **Course Title** | **Duration**  mm/yy-mm/yy |
| 1. |  |  |
| 2. |  |  |

1. State the strengths of the student under consideration.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. State any weaknesses or problems which hinder this student’s performance.

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**EVALUATION**

In the table below, please rate this student in comparison to his/her peers such that 1-2 = poor, 2-3= average, 3-4 = good and 5 = excellent. For ratings of 2 or lower, please comment.

|  |  |  |
| --- | --- | --- |
| **Student Potential** | | |
| ***Indicator*** | ***Rating*** | ***Comments*** |
| Academic achievement |  |  |
| Attendance |  |  |
| Class participation |  |  |
| Written expression |  |  |
| Conduct |  |  |
| Intellectual potential |  |  |
| Motivation to learn |  |  |
| Work habits |  |  |
| **Personal Attributes** | | |
| ***Indicator*** | ***Rating*** | ***Comments*** |
| Responsibility |  |  |
| Punctuality |  |  |
| Taking initiative |  |  |
| Self-confidence |  |  |
| Social skills |  |  |
| Respect for others |  |  |
| Emotional maturity |  |  |
| Leadership potential |  |  |

**Recommendation:** *(please tick one)*

Strongly recommended Recommended Recommended with reservation

Not recommended

**Reason**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**TUTOR’S INFORMATION**

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Subject: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact no.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tutor’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_