



香港三育書院

HONG KONG ADVENTIST COLLEGE

1111 Clear Water Bay Road, Sai Kung, New Territories, Hong Kong

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## RECOMMENDATION FORM

(This form must be completed by the person who is not a relative of the applicant)

NAME OF APPLICANT \_\_\_\_\_

The individual named above has applied for admission to Higher Diploma in Enrolled Nursing (General) Programme at the Hong Kong Adventist College. Please evaluate and recommend this individual in terms of the past performance and character traits. Your comments assist in guiding in the selection of students. This recommendation will be kept in the applicant's record on file in the Registrar's Office and will be kept strictly confidential. For ease of evaluation circle the number in the chart below which reflects your knowledge of the applicant.

TRAIT	EVALUATION					N/A
	Excellent				Poor	
ACADEMIC ABILITY	5	4	3	2	1	N/A
HONESTY	5	4	3	2	1	N/A
MATURITY	5	4	3	2	1	N/A
INDUSTRY	5	4	3	2	1	N/A
LEADERSHIP	5	4	3	2	1	N/A
RELIGIOUS ATTITUDE	5	4	3	2	1	N/A

COMMENTS: Applicant's Strengths and Weaknesses (use the back page if necessary)

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

I have known the applicant for \_\_\_\_\_ years in the capacity of \_\_\_\_\_.

\_\_\_\_\_ I recommend the applicant WITHOUT reservation.

\_\_\_\_\_ I recommend the applicant WITH reservation. (Please briefly state your reservation below)

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

\_\_\_\_\_ I CANNOT recommend the applicant.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Name (Please Print) \_\_\_\_\_

Title / Position/Company/Institution \_\_\_\_\_

Email Address (Optional) \_\_\_\_\_

Please mail or email the completed form to:

The Registrar

Hong Kong Adventist College 1111, Clear Water Bay Road Sai Kung, NT, Hong Kong

(Email: [hden\\_application@hkac.edu](mailto:hden_application@hkac.edu))