

# FINDHORN FOUNDATION COLLEGE

## RECOMMENDATION FORM FOR THE FINDHORN COMMUNITY SEMESTER

### This Section to be Completed by Applicant

Name of Applicant	Semester Applying for
Name of Referee	Relationship to Applicant

### This Section to be Completed by Referee

You are welcome to write a letter of recommendation for this applicant instead of completing this form. Please send your recommendation by mail to the address shown below or by fax. If you require any assistance in filling out this form or have any questions, please phone the number shown at the bottom of this page. Your evaluation will be held in confidence by the Findhorn Foundation College faculty and staff.

How long and in what capacity have you known the student?

Please indicate the applicant's competence in the following areas in comparison to other individuals whom you have known at similar stages at their career.

	Below Average	Average	Above Average	Very Good	Exeptional	Unsure
Maturity						
Self-Motivation						
Cooperation						
Reliability						
Adaptability						
Articulateness						
Academic Ability						

## RECOMMENDATION FORM FOR THE FINDHORN COMMUNITY SEMESTER

If selected, the applicant will be required to adapt to an intensive community living and learning experience. Her/his success will be strongly affected by her/his maturity and motivation to engage in this process. All participants have strengths and weaknesses relative to their participation in programmes. Based on your knowledge of the applicant, we would appreciate your thoughtful and candid appraisal. Your remarks will be seen by faculty and staff specifically responsible for counselling the applicant regarding this programme. We greatly appreciate your consideration and cooperation.

### STRENGTHS:

### WEAKNESSES:

Signature	Date
Address	Phone

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