



Rodriguez Castro
 STUDENT'S FAMILY NAME (AS IT APPEARS ON PASSPORT, ID CARD OR BIRTH CERTIFICATE)
 Luis
 FIRST NAME
 Antonio
 MIDDLE NAME

If handwritten, this form must be completed in **BLACK** ink and completed by a teacher of one of the student's major subjects at school.

It is imperative that students have the personality and resources to meet the challenges of student exchange. Comments by teachers are a great insight into how students perform in unfamiliar circumstances.

The *Teacher Recommendation* and *Language Teacher Recommendation* forms must be completed by different teachers.

Please mark the appropriate boxes below:

Character	Excellent	Good	Average
Maturity	✓		
Responsibility to self		✓	
Responsibility to others		✓	
Honesty	✓		
Openness	✓		
Sense of humour	✓		
Creativity		✓	
Personal motivation	✓		
Academic motivation	✓		
Ability to interact	✓		
Overall character	✓		

SCHOOL NAME & ADDRESS: Colegio Americas
 Calle Jardines #402
 Boca del Rio, Veracruz
 Mexico C. 99265

I CERTIFY THAT THIS REPORT IS TRUE TO THE BEST OF MY KNOWLEDGE

TEACHER: NAME Raul Contreras Uriarte

POSITION AT SCHOOL Sciences Teacher

SIGNATURE  DATE 13/10/23

SUBJECT(S) TAUGHT Maths



In the space below please give written comments, in **BLACK** ink, on the applicant's motivation, attendance record and study habits.

Luis Antonio has studied with us since elementary education and he has demonstrated an academic good level...

Obligatoriamente:
 Firma del Profesor, Sello Oficial de la Escuela y
 Datos del Profesor como correo y teléfono.

EMAIL ADDRESS raul_cu@col.americas.edu.mx
 +52 229 147 1494

PHONE NUMBER (FOR REFERENCE CHECK ONLY)

DO YOU WISH TO RECEIVE ANY DOCUMENTATION ABOUT OUR PROGRAM?

YES

If your answer is 'YES' our documentation will be sent to you at the school address unless you specify a different address:

NO

I already have information about your program.



LANGUAGE TEACHER'S RECOMMENDATION

Rodriguez Castro

STUDENT'S FAMILY NAME (AS IT APPEARS ON PASSPORT, ID CARD, OR BIRTH CERTIFICATE)

Luis

FIRST NAME

Antonio

MIDDLE NAME

If handwritten, this form must be completed, in **BLACK** ink, by your language teacher in the host country language.

Note: This form is not necessary if the language spoken in your chosen host country is the same as in your home country.

It is imperative that students have the personality and resources to meet the challenges of student exchange. Comments by teachers are a great insight into how students perform in unfamiliar circumstances.

Please mark the appropriate boxes below:

Language Proficiency	Excellent	Good	Average
Reading			<input checked="" type="checkbox"/>
Writing			<input checked="" type="checkbox"/>
Speaking			<input checked="" type="checkbox"/>
Comprehension			<input checked="" type="checkbox"/>

In the space below please give written comments, in **BLACK** ink, on the applicant's motivation, attendance record and study habits.

Luis Antonio ha comenzado a estudiar Italiano desde 6 meses atrás ...

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Calle Jardines #402
Boca del Rio, Veracruz
Mexico 99265

I CERTIFY THAT THIS REPORT IS TRUE TO THE BEST OF MY KNOWLEDGE

TEACHER: NAME Rosalia Castillo Gonzalez

POSITION AT SCHOOL Language Teacher

SIGNATURE [Signature] DATE 13/10/23

SUBJECT(S) TAUGHT English, French and Italian

EMAIL ADDRESS rosalia_cg@col-americas.edu.mx
PHONE NUMBER (FOR REFERENCE CHECK ONLY) +52 229 147 1494

English translation:

Luis Antonio has been taking Italian classes since 6 months ...

Obligatoramente: Firma del profesor, Sello Oficial de la Escuela y Datos del Profesor: correo y teléfono.



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