

Nominee Name: _____



ST. AGNES
ACADEMY
for GIRLS | ST. DOMINIC
SCHOOL
for BOYS
The Dominican
COMMUNITY of SCHOOLS

ALBERTUS MAGNUS 2025

RECOMMENDATION FORM
(to be completed by Nominee)

Please list a minimum of three people that we can contact for a personal recommendation regarding your Albertus Magnus nomination. Please submit this form to your Academic Leader.

- A teaching colleague
- A parent of one of the nominee's students, current or former
- A current or former student
- A pastor or other church official
- A professional colleague

Name: _____

Best Contact Number: _____

Email Address: _____

Type of Recommendation: _____

Name: _____

Best Contact Number: _____

Email Address: _____

Type of Recommendation: _____

Name: _____

Best Contact Number: _____

Email Address: _____

Type of Recommendation: _____