**Recommendation for Graduate Studies**

**1. Applicant Information: (To be completed by the Applicant before submitting to the recommender)**

|  |  |
| --- | --- |
| Date of birth: | Full Name (as in Passport): |
| University/College of Graduation: | |
| Major: | Department: |
| **Degree Obtained**: □Diploma. □Bachelor. □Master. □PhD. □Fellowship.  Date:……………………… Grade: ……………………… | |
| Mobile: ……………………… Email: ……………………… | |

**2. Recommendation Details & Views: (To be Completed by the Recommender)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | * How long have you known the applicant? | | |
| * Instructor. * Research Supervisor. * Advisor. * Employer. * Other. (Pleases indicate). | | | | | * In what capacity have you known the applicant? | | |
| * Please rate applicant in each of the areas listed below in comparison with other graduates you have known: | | | | | | | |
| **Unable to Assess** | **Fair** | **Good** | **Very Good** | **Excellent** | | **Outstanding** | **Attribute** |
|  |  |  |  |  | |  | Academic Excellence |
|  |  |  |  |  | |  | Learning Capacity |
|  |  |  |  |  | |  | Research Capacity |
|  |  |  |  |  | |  | Aptitude for Post Graduate Studies |
|  |  |  |  |  | |  | Communication Skills |
|  |  |  |  |  | |  | Self-Confidence & responsibility |
|  |  |  |  |  | |  | Leadership Potential |
|  |  |  |  |  | |  | Creativity & Originality |
|  |  |  |  |  | |  | Initiative & Motivation |
|  |  |  |  |  | |  | Ability to Work in a Team |
|  |  |  |  |  | |  | Cooperation with others |
|  |  |  |  |  | |  | Teaching Ability (If Known) |
|  |  |  |  |  | |  | Overall Evaluation |
| * Overall Recommendation | | | | | | | |
| * I strongly recommend. * I recommend. * I have some doubts about the applicant but recommend to be given a chance. * I do not recommend. | | | | | | | |
| * Please add any other comments that would assist in evaluating the applicant:   ……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………… | | | | | | | |

**3. Recommender Information**: (To be Completed by the Recommender)

|  |  |
| --- | --- |
| Academic Rank: | Name: |
| Address: P.O.Box: Zip Code: | |
| Telephone/Mobile: | Email: |
| Date: | Signature: |

Thank you for your valuable Input

Recommendation form is to be placed in an envelope, endorsed across the back seal, and directly sent to the required institution, or returned to the applicant.