



جامعة الإمام عبد الرحمن بن فيصل

IMAM ABDULRAHMAN BIN FAISAL UNIVERSITY

عمــادة الدراســات العليــا -Deanship of Graduate Studies

Recommendation for Graduate Studies

1. <u>Applicant Information</u>: (To be completed by the Applicant before submitting to the recommender)

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

2. <u>Recommendation Details & Views</u>: (To be Completed by the Recommender)

•	How long	, have you	known the	applicant?	
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- In what capacity have you known the applicant? O Instructor.
 - Research Supervisor.
 - Advisor.
 - o Employer.
 - \circ Other. (Pleases indicate).

• Please rate applicant in each of the areas listed below in comparison with other graduates you have known:

Attribute	Outstanding	Excellent	Very Good	Good	Fair	Unable to Assess
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	n					
 I strongly recommend. I recommend. I have some doubts about 	ut the applicant bu	it recommend t	to be given a cha	ance.		
o I do not recommend.						
Please add any other cor	mments that would	d assist in evalu	ating the applic	ant:		
				·····	·····	

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

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

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.

To get the form in word format You can scan the following barcode

