



Academic Recommendation

Student Data:

- Name of Applica.....
- University:.....
- College from which she graduated:.....
- Department:.....Specialization:.....
- College applicant wishes to attend:.....
- Department:.....Specialization:
- Degree she wants to pursue: ☐ M.A ☐ Ph.D

Applicant Level to Colleagues:

Excellent	Very good	Good	Average
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- Complete the rating scale below by placing a check mark in the appropriate box to the right of each attribute.

Attribute	Excellent	Very good	Good	Average
Research Ability				
Comprehension of Scientific Knowledge				
Post Graduate Potentiality				
Linguistic Competence				
Intellectual Capacity				

- Any additional information the Faculty member may consider as important:

Recommender Data:

- Name of Recommender:
- Academic position:.....
- University:.....
- College:.....Department.....
- E-mail:Phone:.....
- Signature:.....
- Date:.....