**ACADEMIC RECOMMENDATION**

Name of Student:. …………………………………………………………………………………

College : ……………………………………………………………...………………………

Department

…………………………………………………… …………………………….…

Year of Graduation : ………………..……………

Grade..........

…………………

Studies student wishes to pursue: ( Master / PH.D) ………………………



 The Recommender is Kindly asked to put a tick in the box he believes the student deserves.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| ACTIVITY ABILITY | Inadequate Knowledge | Below Avg. | Avg. | Above Avg. | Superior |  |
| Academic ability |  |  |  |  |  |  |
| Ability to express ideas |  |  |  |  |  |  |
| Initiative & Motivation |  |  |  |  |  |  |
| Ability to Creativity |  |  |  |  |  |  |
| Ability to accept & utilize criticism. |  |  |  |  |  |  |
| Ability to Plan & executeresearch. |  |  |  |  |  |  |
| Ability to assume responsibility . |  |  |  |  |  |  |
| Command of research technique. |  |  |  |  |  |  |
| Command of foreign Languages. |  |  |  |  |  |  |

 









The strengths and weaknesses of the student

Recommender's Academic Position:

**Assistant Prof.**

**Associate Prof.**

**Professor**

Name:

Signature : ……………...… Issued on : We approve the signature of the recommender :

……………..……… :

**Mandatory of Graduate**

Official Stam

**Studies**

الختم الرسمي