



WALAILAK UNIVERSITY
College of Graduate Studies

RECOMMENDATION LETTER FORM

Instruction

- 1) Referee must submit the sealed and signed Recommendation Letter directly to the Office of College of Graduate Studies
- 2) Recommendation Letter must be from academic supervisor, lecturer, or workplace manager who is familiar with the candidate's recent academic and/or work performance and abilities.
- 3) Referee may be contacted back by the Office of College of Graduate Studies during the consideration process.

1. APPLICANT DETAILS

Title Mr. Miss Ms. Mrs. Nationality _____
Name _____
First name *Family name*

2. REFEREE DETAILS

Title *First name* *Family name*

Position _____ Relationship to Applicant _____
Organization _____ Country of Organization _____

Office Phone + _____ Mobile + _____
Country code Area code Local number *Country code Area code Local number*

Email Address _____
Postal Address _____
Address Line _____

City _____ Province/State _____
Country _____ Postcode _____

In what capacities have you know the applicant and for how long?

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3. APPLICANT EVALUATION

Please evaluate the application in terms of the criteria below, based on your experience.

	Poor	Average	Good	Very Good	Excellent	Unable to comment
Academic achievement						
Potential for future contributions in field of study						
Capacity to communicate and relate well with others						
Emotional maturity						
Adaptability to new situation						
Personal integrity						
Resourcefulness and integrity						

Expand on your evaluation and provide the reasons why the applicant should be considered for the Ph.D.

Signature:

_____ (DD/MM/YYYY)

Signed date

By typing your name into this box, it is considered that you have signed this form and all the information is true and correct.