



TEL AVIV UNIVERSITY, (212) 960-7700

(212) 960-7700

Request for Letter of Recommendation

TO APPLICANT:

Please print your name, address, telephone number and e-mail address on the envelope for the person whose recommendation you are seeking (former professor, principal, supervisor or other individual who knows you professionally), with a stamped envelope addressed to the above.

Name _____

Address _____

Degree Sought _____

Please indicate by marking the following boxes the extent to which you are recommending the applicant for admission to the Azrieli Graduate School from whom you are requesting a letter of recommendation.

- I am recommending the applicant for admission to the Azrieli Graduate School and that the applicant should be admitted to the Azrieli Graduate School without further conditions or requirements.
- I am recommending the applicant for admission to the Azrieli Graduate School, but I would like to see the applicant's work reviewed by the Azrieli Graduate School before making a final decision.
- I am recommending the applicant for admission to the Azrieli Graduate School, but I would like to see the applicant's work reviewed by the Azrieli Graduate School before making a final decision.
- I am recommending the applicant for admission to the Azrieli Graduate School, but I would like to see the applicant's work reviewed by the Azrieli Graduate School before making a final decision.

Date _____ Signature _____

TO PERSON SUBMITTING RECOMMENDATION:

Please indicate by marking the appropriate point on the scale to show the applicant's rating on the characteristics. Check all that are concerned. Use the following scale:

Use the following scale: Highest (Top 10%), Next 20%, Average (Middle 40%), Next 20%, Lowest (Bottom 10%), Not Observed.

Characteristic	Highest		Average	Lowest		Not Observed
	Top 10%	Next 20%	Middle 40%	Next 20%	Bottom 10%	
Intelligence						
Industry						

Name _____ Institution _____ Date _____

Title _____ Signature _____