



TEL AVIV 6101 000, (212) 960-XXXX

(212) 960-XXXX

Request for Letter of Recommendation

TO APPLICANT:

Please print your name and address, the address where you wish to receive the letter, 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 whether you are currently enrolled in the Azrieli Graduate School from whom you are requesting a letter of recommendation.

- I am currently enrolled in the Azrieli Graduate School and I request that the recommendation be sent to the Azrieli Graduate School.
- I am currently enrolled in the Azrieli Graduate School and I request that the recommendation be sent to the Azrieli Graduate School.

Date _____ Signature _____

TO PERSON SUBMITTING RECOMMENDATION:

Please use the person's name above as a starting point for your letter. On the back of the letterhead, please express your candid evaluation, indicating how you would rate the applicant in what capacity, how you would rate the applicant's ability to work with others, their collaborative skills, and how you would rate the applicant's intellectual ability, personal traits and study habits. Please state the applicant's reasons for the ratings above.

Rating on the characteristics below on the appropriate point on the scale to show the applicant's performance. Use

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

Name _____ Institution _____ Date _____

Title _____ Signature _____