



TEL AVIV UNIVERSITY, (212) 960-_____

(212) 960-_____

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 whether you are currently enrolled in the Azrieli Graduate School or whether you are currently enrolled in another institution from whom you are requesting a letter of recommendation.

- I am currently enrolled in the Azrieli Graduate School. I understand that the program does not require me to exhibit this letter and I will not be required to review my application for admission to the Azrieli Graduate School without it.
- I am currently enrolled in another institution. I understand that I will be required to exhibit this letter and I will be required to review my application for admission to the Azrieli Graduate School.

Date _____ Signature _____

TO PERSON SUBMITTING RECOMMENDATION:

The person named above is applying for admission to the Azrieli Graduate School of Tel Aviv University. On your letterhead, please explain in a few sentences how you would rate the applicant's ability to work with others, their collaborative skills, intellectual ability, personal traits, and study habits. Please state the applicant's reasons for the ratings above.

Indicate at the appropriate point on the scale to show the applicant's rating on the character's. Check if concerned. Use _____

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

Name _____ Institution _____ Date _____

Title _____ Signature _____