

Recommendation Form for Applicants to Graduate studies

Candidate's name: _____

Passport No: _____

Department: _____

TO THE REFEREE

We ask for your opinion on the suitability of this applicant for graduate studies.

We thank you in advance for your help. The form should be send directly to:

The registration office

Ben-Gurion University of the Negev

P.O.B, 653 Beer-Sheva 8410501, Israel

1. How would you rank the candidate's academic background in relation with the same generation of fellow students?

EXCELLENT Among top 5%	VERY GOOD Among top 15%	GOOD Among top 25%	MEDIOCRE Among top 50%	BELOW AVERAGE

2. What are your expectations that the candidate will graduate successfully in his/her M.Sc. program?

Very good	Good	Poor	No justification For Acceptance	No Opinion

Referee's name: _____ Academic role:

Institution: _____

Date: _____ Signature:
