Recommendation for Admission to First Year Medicine

To the applicant
You are asked to submit at least two recommendation forms. Please make two copies of this form; then complete this section of the form with your name. Kindly submit them in an envelope addressed to: Office of Admissions, AUB - College Hall, PO Box 11-0236, Riad El Solh, Beirut 1107 2020, Lebanon.

Note: In order to avoid misunderstandings from the use of different names, the applicant’s name here should be spelled the same way as on the student’s application for admission.

Name of applicant: ____________________________________________________________
Recommendation requested from: ____________________________________________

Name of recommender

1. How long have you known the applicant and in what capacity? __________________________

2. Please rate the applicant’s ability and scholarship in comparison with other individuals you have known at comparable stages in their academic careers.

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<th>Outstanding</th>
<th>Very good</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
<th>Inadequate opportunity to observe</th>
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<tbody>
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<td>Intellectual ability</td>
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<td>Motivation</td>
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<td>Imagination and creativity</td>
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<td>Maturity</td>
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<td>Academic ability</td>
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<td>Research potential</td>
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<td>Ability to work with others</td>
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<td>Writing ability</td>
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<td>Teaching ability</td>
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</table>

3. Please give the applicant’s rank relative to his/her class (e.g., 6th in 69 or % scale)___________

(Please turn over)
4. Please comment on the applicant’s strengths and weaknesses and provide any other information that pertains to his/her evaluation. Use additional sheet if necessary.

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Signature: ___________________________ Date: ___________________________
Position and rank: ___________________________ Institution: ___________________________
Mailing address: ___________________________
Telephone: ___________________________ Fax: ___________________________
Email: ___________________________