

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.

	Outstanding	Very good	Good	Fair	Poor	Inadequate opportunity to observe
Intellectual ability						
Motivation						
Imagination and creativity						
Maturity						
Academic ability						
Research potential						
Ability to work with others						
Writing ability						
Teaching ability						

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

(Please turn over)

