



Instructions for Applicant:

Please fill in this section of form and forward to the recommender who is willing to offer recommendation for your admission into Higher Degree Programme. For the convenience of the recommender, you should include an addressed stamped envelope with your name on its top left-hand corner.

Applicant's Name: _____

Application No. (if available): _____

APPLICANT'S WAIVER OF ACCESS TO CONFIDENTIAL STATEMENT

As a student enrolled at BITS Pilani, Dubai Campus, you may have access to this recommendation letter. If you wish to waive the right to examine this recommendation, please sign. If left unsigned, it is assumed that you do not waive access to this document upon enrollment at BITS Pilani, Dubai Campus. The alternative you choose in no way affects our consideration of your application.

I, (tick one) DO DO NOT WAIVE my access to the following recommendation.

(Signature of Applicant) (Date)

Recommender's Name: _____

Title or Position: _____

Institution or Affiliation: _____

Address: _____

City/State/Country: _____

Telephone Nos.: _____ E-mail: _____

To be completed by the Recommender

Dear Recommender

The above candidate is applying for admission to the Higher Degree program at BITS Pilani, Dubai Campus. Please complete the following information and give your personal assessment of applicant's potential and competencies to successfully complete the Higher Degree programme.

Please check above to know if the applicant waived the right to access this recommendation, and whether your assessment will be kept confidential or not. Also, please make sure you sign and date this form on the last page. Return this form to the applicant in the envelope duly closed, sealed and signed across. If you prefer to submit a separate letter of recommendation, please attach it to this form and send the letter and this form by post, courier, fax or email to the Admissions Officer, BITS Pilani, Dubai Campus, International Academic City, P.O.Box 345055, Dubai, United Arab Emirates, FAX No.: +971 4 4200 822, E-mail: admission@dubai.bits-pilani.ac.in.

We greatly appreciate your time dedicated to complete this recommendation.

I have known the applicant for: _____ years _____ months.

I feel I know the applicant: Casually Well Very Well

My nature of contact with the applicant: I am/was his/her:

- Teacher in One Class Teacher in More than One Class Employer Research Advisor
 Major Advisor Other (specify) _____

... cont.



My opinion is that this student will prove to be an Excellent Good Average Don't Know student for the Higher Degree she/he aspiring for.

My knowledge of the applicant's skills, is based on: Academic affiliation Professional affiliation, are given below (*please tick*):

	Top 1-2%	Top 5%	Top 10%	Top 25%	2nd 25%	Below 50%	No basis to Judge
Knowledge in subject							
Intellectual Ability							
Analytical Skills							
Written Communication							
Oral Communication							
Originality and Creativity							
Research Aptitude							
Teaching Potential							
Logical Thinking							
Perseverance							
Ability to work in Team							
Ability to Lead							
Overall Assessment							

In the space below, (continuing on additional sheet, if needed), please comment on the applicant's aptitude for study, maturity, capacity, character; strengths and weaknesses etc.

My Final Recommendation: STRONGLY RECOMMENDED RECOMMENDED RECOMMENDED WITH RESERVATIONS NOT RECOMMENDED

Name (print)

Signature

Date