



Republic of Iraq
Ministry of Higher Education
and Scientific Research
University of Diyala
College of Medicine

College of Medicine Letter of Recommendation Section1: Applicant's Information To be Completed by the applicant Name: Academic Field of Interest: Section2: RECOMMENDATION To be completed by the recommender Full Name:

The Scientific Title:

Address:

Institution:

E-Mail address:

Recommendation Question

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

2-Based on your experience and observations of the candidate's, please rate the candidate in the following areas with a check mark ()per the following scale: NC =Unable to Comment; Marginal =lower 50%; Average = top50%; Good =top25%; Excellent =top10%; Superior=top 3%.

Abilities/ skills	NC	Marginal	Average	GOOD	Excellent	Superior
Leadership						
Potential						
Professional						
integrity						
Analytical						
skills						
Problem						
Solving						
Academic		-IN	E //	1		
talent		CIL		VIII		
Organization		0		(6)	V	
Skills	1			T		
Motivation Initiative	13				3	

Professor's Note:

Signature Date: