



Academic Recommendation Form
International School
University of Haifa

To the Student:

Name: _____ E-mail: _____

This academic recommendation should be given to a professor who knows you well and is able to judge your academic qualifications for study abroad. A letter of recommendation is also acceptable.

As this letter is confidential, it should be sent directly to the University of Haifa by the person writing the letter. You must provide a stamped, addressed envelope for this purpose. You may submit this letter yourself if it has been placed in a sealed envelope and has been signed over the seal by the person writing the recommendation.

I waive my right to access this recommendation: ___ Yes ___ No
Student's Signature: _____ Date: _____

To the Reference:

The above named student is applying for admission to the International School at the University of Haifa. The Admissions Department appreciates your taking the time to complete this form which will help us evaluate the candidate's academic and personal qualifications. If you would prefer to substitute a letter of recommendation rather than complete this form, please attach the letter to this form. Please return the recommendation in a sealed envelope to the applicant or send it directly to:

Admissions Office
International School
University of Haifa
Haifa 31905
Israel

How long have you know the candidate and in what capacity?

Please tell us about the applicant's intellectual qualities and academic work.

#WhyHaifa
MultiExperience

Excellence.Diversity.Innovation

What are your impressions of the applicant's character and maturity and his/her ability to adjust to a study abroad experience in Israel?

Please comment on the student's motivation for studying abroad. Does he or she have the ability and maturity to achieve his or her goals in studying abroad?

Please compare the applicant's abilities in the following areas to your other students:

	Top 5%	Top 10%	Top 50%	Bottom 50%
Written Expression in English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral Expression in English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Critical Thinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpersonal Relations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please share with us any additional information or comments about this student that you think we need to know: _____

Name: _____

Position: _____ Department and Institution: _____

Address: _____

Phone: _____ Fax: _____ E-mail: _____

Signature: _____ Date: _____