



**Faculty of Health Sciences  
American University of Beirut**

***Recommendation for FHS Scholarship Application***

**INSTRUCTIONS TO THE APPLICANT:**

This form is to be filled by your current employer. Make sure your recommender is aware of the application deadline of April 30, 2010. This form must be sent **directly** to the Faculty of Health Sciences.

Provide the recommender with an envelope addressed to the following address (type or print):

<p><b>Ms. Mitra Tauk Re: Regional Scholarship Faculty of Health Sciences American University of Beirut P.O. Box 11-0236 Beirut, Lebanon</b></p>
---

**Complete the following table:**

Name	
Telephone	
E-mail	
Program to which you are applying	

**INSTRUCTIONS TO THE RECOMMENDER:**

This form will be used in the decision to provide a scholarship to the applicant in the program noted before. Please return the completed form to the applicant in a sealed envelope with an official stamp/signature. Your thoughtfulness in providing this information is appreciated.

**For how long have you known the applicant and in what capacity?**

---

---

**Will the applicant be returning to his/her current job upon completion of the graduate program?**

\_\_\_\_\_ Yes    \_\_\_\_\_ No    \_\_\_\_\_ I do not know

**Please rate the applicant in comparison with others whom you have known at similar stages in their careers:**

	Exceptional	Outstanding	Very Good	Good	Average	Cannot judge
Knowledge in chosen field						
Motivation						
Punctuality						
Leadership traits						
Ability to work in public health						
Ability to express thoughts in speech						
Ability to express thoughts in writing						
Ability to work in a team						
Vision and Planning						
Ability to meet deadlines						

Please indicate the strength of your overall recommendation by placing an “X” along the scale below:

Highly recommended	Recommended	Recommended with some reservations	Not Recommended
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

In addition, we need your evaluation of the applicant’s strengths and weaknesses, motivation for graduate study, commitment to work in public health, and leadership potential in public health.

Use an additional page if more space is needed. Please write in English or Arabic.

\_\_\_\_\_  
Name (Type or Print)

\_\_\_\_\_  
Institution

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Position

\_\_\_\_\_  
E-mail address