



TEHRAN UNIVERSITY OF MEDICAL SCIENCES
Office of Vice-Chancellor for Global Strategies and International Affairs
Directorate of International Affairs and Development

Recommendation Form

This form should be completed and signed by the applicant's referee.

Dear Referee: Many graduate programs require a personalized letter instead of, or in addition to, this standard form. Please confirm program specific requirements with the applicant.

Applicant's Information			
First Name		First Name	
Major		Level	
Applicant's interim code (if available)			

This part should be completed by the Referee.

Referee's Information			
First Name		First Name	
Title or Position		Telephone Number	
Fax Number		E-mail Address	
University/Organization Name			
Mailing Address			
City		Country	

	Superior	Excellent	Good	Fair	Very Low
Analytical Ability					
Research Ability					
Leadership Skills					
Potential for Success					
Capability to Handle Stress					
Written Communication					
Oral Communication					
Interpersonal Skills					
Appreciation of Diversity					

This part should be completed by the Referee.

- Against which group are you comparing the applicant?
Examples: All students I know who have entered graduate school, all students I have taught or know, etc.

- In what capacity have you know the applicant?
Example: He/She was my student for two years, my research assistant, etc.

- What do you consider to be the applicant's most outstanding talents or characteristics?

- In your opinion, what are the applicant's chief weaknesses or areas of growth?

- What are the applicant's abilities and potential for success?

- What are the applicant's important personal characteristics which should be considered by the admissions committee and can influence their decision?

Please sign your name below, certifying that your responses and assessments are accurate and fair.

Signature: _____

Name:

Date:

Mailing Address:

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