Ben-Gurion University of the Negev
The Albert Katz International School for Desert Studies

Phone: 972-8-6596733 Fax: 972-8-6596985
E-mail: dschool@bgu.ac.il

Recommendation Form

Applicant Information:
First Name ____________ Middle Name ____________ Last Name ____________

Recommender Information:
First Name ____________ Middle Name ____________ Last Name ____________
Academic Institution ______________________________________________________
City ___________________________ Country _________________________________
Position _______________________

Evaluation of Applicant:

How long have you known the applicant? ___ years.
In what capacities have you known the applicant?
________________________________________________________________________

If applicable, what courses has the applicant taken with you?
________________________________________________________________________

________________________________________________________________________

Applicant’s grade(s) received in your course(s) ________

Comparing the applicant with other students you have worked with, please rank the applicant:

<table>
<thead>
<tr>
<th>Outstanding (5%)</th>
<th>Very Good (10%)</th>
<th>Good (25%)</th>
<th>Average (50%)</th>
<th>Below Average</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Signature: ___________________________ Date: ______________

Please provide your opinion on the academic/professional qualifications of the applicant. We would appreciate your comments on the applicant’s ability to undertake scientific research, as well as comments regarding the applicant’s, interpersonal skills, ability to work independently, motivation, and other relevant qualities.