Kingdom of Saudi Arabia
Ministry of High Education
King Saud bin Abdulaziz University for Health Sciences
Deanship of Postgraduate Education

المملكة العربية السعودية
وزارة التعليم العالي
جامعة الملك سعود بن عبد العزيز للعلوم الصحية
عمادة الدراسات العليا

نموذج توصيه
Recommendation Form

Name in English	**First Name**												**Father Name**											
	Grandfather Name												**Family Name**											

Name In Arabic			
College		**Major**	
Region		**Email**	
ID No.		**Mobile No.**	
Badge No.			

(The applicant must complete and sign the previous statement before submitting this form)

Student's Signature …….....

Date : / / .

Student's Evaluation	**Truly Exceptional**	**Excellent**	**Good**	**Average**	**Below Average**	**No Comment**
Ability in Research	☐	☐	☐	☐	☐	☐
Academic Knowledge	☐	☐	☐	☐	☐	☐
Ability to accept criticism	☐	☐	☐	☐	☐	☐
Personal conduct and appearance	☐	☐	☐	☐	☐	☐
Emotional maturity	☐	☐	☐	☐	☐	☐
Language skills	☐	☐	☐	☐	☐	☐
Other Comments:						

Recommender Name:_____ Position:_____

Signature:_____ Date:_____

Address:_____ Phone No.:_____