Letter of Recommendation Form

Wachemo University

Office of the Registrar

Letter of Recommendation Form

(To be filled out by the candidate) Full name of the applicant (in block letters) (To be filled out by a university instructor, employer or by a member of a professional		
gradua	te studies of Wachemo University. The Office of the Registrar will greatly appreciate	
your as	ssistance in assessing the applicant by answering the following questions. The	
inform	ation supplied will be held confidential.	
1.	For how long and in what capacity have you known the candidate?	
2.	Give your evaluation of the applicant's academic potential to pursue graduate studies.	
3.	State the candidate's special points of strength and/or weakness in his/her area of	
	specialization	
4.	State how the graduate program in the area of the candidate's specialization will equip	
	the candidate to serve the best interests of the country better than with the education	
	he/she has now.	
	has	

5.	Describe the candidate's character and ability especially with respect to withstanding
	the rigors of graduate studies, and professional commitment.
	Name: Position:
	Date: Signature:
	Organization:
	P. O. Box/Street:
	Town/City: Country:
	Fax: E-mail:
	Telephone:

Please seal and sign on the postage mail the completed form directly to the following address

Office of the Registrar
Wachemo University
P. O. Box 667
Hossa`ina, Ethiopia