

Hawassa University
Office of the Registrar and Alumni Affairs Directorate
Letter of Recommendation Form
(To be filled out by the candidate)

Full name of the applicant (in block letters)

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(To be filled out by a university instructor, employer or by a member of a professional association)

The above-mentioned candidate has applied for admission into the school of graduate studies of Hawassa University. The Office of the Registrar and Alumni Directorate will greatly appreciate your assistance in assessing the applicant by answering the following questions. The information supplied will be held confidential.

1. For how long and in what capacity have you known the candidate?

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2. Give your evaluation of the applicant's academic potential to pursue graduate studies.

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3. State the candidate's special points of strength and/or weakness in his/her area of specialization.

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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

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5. Describe the candidate's character and ability specially with respect to withstanding the rigors of graduate studies, and professional commitment.

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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 and Alumni Directorate
Hawassa University
P. O. Box 05
Hawassa, Ethiopia