Office of Admissions

REFERENCE FORM

PLEASE SUBMIT TWO REFERENCE FORMS. One form must be completed by your mathematics or science teacher while the other one can be completed by a school administrator or teacher. We cannot accept references from relatives and friends. You should check with your reference whether they will return this form to you, or send it directly to the University.

The form must be enclosed in a sealed envelope.

TO BE COMPLETED BY APPLICANT:

STUDENT’S NAME: ………………………………………………………………………………………………………………………………

HIGH SCHOOL’S NAME: ………………………………………………………………………………………………………………………………

GRADE: ………………… DATE OF BIRTH (dd/mm/yyyy): …………/…………/…………

TO BE COMPLETED BY TEACHER OR SCHOOL ADMINISTRATOR:

Please complete this section. You should let the applicant know whether you will return this form to them in a sealed envelope to be submitted with other supporting documents, or whether you will send it directly to the University.

1. How long have you known the applicant?

……………………………………………………………………………………………………………………………………………………………………

2. What subject(s) have you taught the applicant (if applicable)?

☐ Mathematics ☐ Physics ☐ Chemistry ☐ Biology

☐ English ☐ Arabic ☐ History ☐ Geography

☐ Other Please Specify: ………………………………………………………………………………………………………

3. Please rate the strength of the student’s maturity and demonstrated capability to attend University in comparison to students you have worked with:

WEAK ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 STRONG
4. Please rate the applicant compared to other students in his or her class year in the following areas.

<table>
<thead>
<tr>
<th>Area</th>
<th>Below Average</th>
<th>Average</th>
<th>Good</th>
<th>Very Good</th>
<th>Excellent</th>
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</thead>
<tbody>
<tr>
<td>Attention to Details</td>
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<td>Creativity</td>
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<td>Communication Skills</td>
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<td>Problem Solving Skills</td>
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<td>Leadership Skills</td>
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</tbody>
</table>

5. If you were an official of this University, to the best of your knowledge, would you vote to accept this student?

☐ YES, ABSOLUMELY  ☐ YES, WITH RESERVATION  ☐ NO

TEACHER OR ADMINISTRATOR DECLARATION

FULL NAME ...........................................................................................................................................................................

POSITION ..............................................................................................................................................................................

HIGH SCHOOL’S NAME ..............................................................................................................................................................

TELEPHONE ................................ EMAIL ADDRESS: ............................................................................................................................

I confirm that, to the best of my knowledge, the information provided is correct and complete.

Signed: ........................................................... Date (dd/mm/yyyy): .................................................................

Thank you for your time in completing this form.

If you are returning this form directly to the University, please send it in a sealed envelope to:

Office of Admissions
Texas A&M Engineering Building, Education City
PO Box 23874
Doha, Qatar