**ACRPS Conference for Arab Graduate Students in Western Universities**

**(2020)**

**Recommendation Form**

**This section is to be completed by applicant:**

Name:Click or tap here to enter text.

Proposed Title of paper to be presented: Click or tap here to enter text.

**Referee completes this section:**

*The Arab Center for Research and Policy Studies appreciates your help in completing this form, which will allow us to select candidates for our Arab Graduate Conference. The information you provide will be treated in the strictest confidence and only be used for the purposes of candidate selection for the conference.*

I have known the applicant for enter number.years.

During this time, the applicant was (check all that apply):

My undergraduate student  My graduate student

My advisee  My TA

My research assistant  Other (please specify): Click to enter text.

Among their cohort, I would categorize the applicant at the following level:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Exceptional | Above Average | Average | Not Applicable |
| Originality |  |  |  |  |
| Writing Skills |  |  |  |  |
| Communication skills |  |  |  |  |
| Research Methods skills |  |  |  |  |
| Motivation |  |  |  |  |

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In the box below, please write any comments you may have about the applicant and/or their research proposal. You can also submit a letter of recommendation in lieu of filling out the box below.

Click here to enter textــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــ

**Respondent Information (please type or print):**

**Name** (printed or typed):Click to enter text. **Title:** Click to enter text.

**Institution/ University:** Click to enter text. **Phone Number:** Click to enter text.

**Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:**

*Referees are kindly requested to forward the completed forms directly to the ACRPS by email to the following email address:*

[arabdoctorate.conf@dohainstitute.org](mailto:arabdoctorate.conf@dohainstitute.org)

*Please include the candidate’s name in the subject line.*