## جامعة جورجتاون قطر GEORGETOWN UNIVERSITY QATAR

**Teacher Reference** Deadline: FEBRUARY 1, 2021

**IMPORTANT: Please spell name(s)	First Name (given)  exactly as spelled on passport**		Middle Name		
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Date of Birth	E-mail address				
Recommender Information					
Last Name (family)	First Name (given)	Position/Title			
Official Name of School			Telephone		
Street Address		Email			
City	State/Region	Country	Postal/Zip Code		
Applicant should complete t	the following:				
	WAIVER OF ACCES	S			
Under the Family Education Rights	and Privacy Act of 1974 (Buckley Am	endment), which gives			
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List all courses that you ha	ve taught t	this studer	nt, includin	ng the level of co	urse difficul	ty (AP, IB, ho	nors, etc.)
In which grade level(s) was  □ Grade 9	s the stude			u taught him/her rade 11		ide 12	□ Other
Ratings							
	No basis	Below average	Average	Good (above average)	Excellent (top 10%)	Outstanding (top 5%)	One of the very best encountered in my career
Academic Achievement							
Intellectual Promise							
Faculty Respect							
Work Habits							
Maturity							
Motivation							
Leadership							
Integrity							
Self-confidence				# 1			
Concern for Others		V					1 1 1 1 1
Overall Rating							
Recommendation Lette	er						
In the space below, please	provide ad	lditional c	omments a	about this student	t, including a	any academic	and personal
characteristics that were de	monstrate	d in your	classroom.	Alternatively, yo	ou may attac	ch a Reference	Letter.
Name			Sig	gnature		Date	