جامعة جورجتاون قطر GEORGETOWN UNIVERSITY QATAR

Teacher Reference

Early Action Deadline: NOVEMBER 15, 2024 Regular Decision Deadline: JANUARY 15, 2025

Applicant's Last Name (family) **IMPORTANT: Please spell name(s) exactly as	Middle Name				
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 the follo	wing:				
	WAIVER OF ACC	ESS			
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In which grade level(s) was □ Grade 9	s the stude		-	u taught him/her' rade 11	? □ Gra	de 12	□ Other
Ratings							
	No basis	Below average	Average	Good (above average)	Excellent (top 10%)	Outstanding (top 5%)	One of the very best encountere in my career
Academic Achievement							
Intellectual Promise							
Faculty Respect							
Work Habits							
Maturity							
Motivation							
Leadership							
Integrity							
Self-confidence							
Concern for Others							
Overall Rating							
Recommendation Lette	er						
In the space below, please	provide ad	lditional c	omments a	bout this student	t, including a	any academic	and personal
characteristics that were de							
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