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# TEACHER RECOMMENDATION FORM

Hamad bin Khalifa University  
Bachelor of Science in Computer Engineering

## TEACHER EVALUATION FORM

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Please provide the following recommendation form to a math or science teacher. The teacher should be in a position to evaluate your academic achievements. They should complete the form below and send it from a school email account to: hbku.ug@qf.org.qa

*\*Incomplete forms will not be accepted*

## STUDENT'S DETAILS

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STUDENT'S LAST NAME:

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STUDENT'S FIRST NAME:

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NAME OF PROGRAM:

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QATARI ID/PASSPORT NUMBER:

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## TEACHER'S DETAILS

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TEACHER'S LAST NAME:

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TEACHER'S FIRST NAME:

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SCHOOL:

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POSITION:

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EMAIL:

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TELEPHONE NUMBER:

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## EVALUATION QUESTIONNAIRE

Please rate the applicant compared to other students in his or her class year in the following areas:

Area	Below Average	Average	Good	Very Good	Excellent
Academic performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual curiosity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attention to Details	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problem Solving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teamwork	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Highly Recommended	Recommended	Recommended with Some Reservations	Not Recommended
Please indicate your overall recommendation for the applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please use the following space or attach a letter of recommendation to provide any further information about the applicant. Please indicate how long you have known them and in what capacity. Please also provide insight into their academic abilities, performance in class and personal qualities.

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

Signature: .....

Date: ..... / ..... / .....