GC University Lahore

Letter of Recommendation for Admission to PhD Program
(To be filled by the Thesis Supervisor of MS/M.Phil Degree)

Name of Applicant: ____________________ Father’s Name: ______________________

Duration of Supervision ________________ year(s) ________________ month(s)

Title of the previous Thesis (MS/MPhil) _______________________________________

________________________________________________________________________

1. What is your evaluation on applicant M.S/M.Phil research?
   ______________________________________________________________
   ______________________________________________________________
   ______________________________________________________________

2. In your opinion is the applicant capable of pursuing a Ph.D research?
   ______________________________________________________________
   ______________________________________________________________

3. Please evaluate the applicant in terms of the following qualities by using (√):

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<th></th>
<th>Exceptional</th>
<th>Very Good</th>
<th>Good</th>
<th>Average</th>
<th>Poor</th>
<th>No basis for judgment</th>
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<td>Academic ability</td>
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<td>Social behavior</td>
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<td>Breadth of general knowledge</td>
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<td>Imagination and probable creativity</td>
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<tr>
<td>Oral communication skills</td>
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<td>Written communication skills</td>
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<td>Ability to work independently</td>
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<td>Appropriate mindset</td>
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<td>Perseverance</td>
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<td>Motivation</td>
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</table>
6. Please feel free to comment on any aspect of the applicant’s academic record, personal qualities, or potential that you believe would be helpful for evaluating the applicant.

____________________________________________________________

____________________________________________________________

____________________________________________________________

7. Recommendation for Admission to Ph.D Programme

I strongly recommend [ ]

I recommend [ ]

I do not recommend [ ]

8. Referee’s Name: __________________________

Designation: __________________________

Institution: __________________________

Address: __________________________

Telephone: __________________________

Cell No.: __________________________

Fax: __________________________

E-mail: __________________________

Date: __________________________

Signature: __________________________

Please return this form to the candidate in an envelope signed on the sealed part. Thank you for your cooperation.