



**Samra University  
Of Oriental Medicine**

## Recommendation Letter

**Applicant:**

Please fill in the information below and give this form to the person that will be recommending you for the Master of Science in Oriental Medicine degree program.

Applicant Name \_\_\_\_\_

Applicant Address \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

**Individual whom is recommending the applicant:**

Recommender's Name and Position \_\_\_\_\_

Organization / Business Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

What is your relationship to the applicant? \_\_\_\_\_

Reason for recommendation \_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

Recommender's Signature and Date \_\_\_\_\_