**APPLICANT**

Application for admission requires recommendations from two persons well acquainted with your intellectual ability and personality. Please type in the upper portion of this page (your name, address and e-mail) and give the file to the person who will be recommending you.

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| --- | --- | --- | --- |
| Name: |  |  |  |
|  | (Family Name) | (Given Name) | (Middle Name) |
| E-mail: |  |

**TO BE COMPLETED BY THE RECOMMENDER**

Please send this document directly to the admission office via email from your official working email address.

**Familiarity with the applicant**

* What is your relationship with the applicant? [ ]  Teacher/Professor [ ]  Other
* How long have you known the applicant? years months
* How often have you met the applicant? [ ]  Daily [ ]  Weekly [ ]  Monthly [ ]  Rarely
* What was the nature of your interactions with the applicant?

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* Please provide a description of the applicant’s qualifications for graduate study. In this regard, please include assessment of how this applicant compares to others whom you have taught.

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* Please comment on the applicant’s aptitudes and/or inadequacies and any other remarks that you may feel are important and relevant to his/her graduate school study.

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**Appraisal**

Please make an appraisal of the applicant in terms of the qualities listed below. Rate the applicant in comparison with other students in the same field whom you have known or taught.

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| --- | --- | --- | --- | --- | --- | --- |
|  | Outstanding(Top 5%) | Excellent(Top10%) | Good(Top Third) | Fair(Middle Third) | Poor(Bottom Third) | Unable to judge |
| Intellectual Ability |  |  |  |  |  |  |
| Analytical Ability |  |  |  |  |  |  |
| Ability in Oral Expression |  |  |  |  |  |  |
| Ability in Written Expression |  |  |  |  |  |  |
| Ability to Work with Others |  |  |  |  |  |  |
| Persistence/ Drive |  |  |  |  |  |  |
| Originality/ Creativity |  |  |  |  |  |  |

**Overall Recommendation:**

[ ] Strongly recommended [ ] Recommended [ ] Recommend with reservations [ ] Not recommended

|  |  |
| --- | --- |
| Name of Recommender: |  |
| Position/Title: |  |
| Affiliation: |  |
| Address: |  |
| Telephone Number: |  |
| E-mail: |  |

|  |  |
| --- | --- |
| Date: |  |
| Signature: |  |