Note to Applicant: Please fill out the items No. 1 ~ No. 4 below. Deliver or mail this to the person who will write this recommendation. Ask your recommender to seal this in an official envelope and sign across the back after it has been written.

Confidential

1. Name of Applicant: ____________________________  
   Last Name               First Name               Middle Name (if any)

2. Country of Citizenship: ____________________________

3. Proposed Department: ____________________________

4. Name of Applicant’s attending University: ____________________________

Note to Recommender: We would appreciate your frank and candid appraisal of the candidate as a potential student at Seoul National University.

5. How long have you known the applicant and in what capacity? ____________________________

6. What do you consider to be the applicant’s strengths? ____________________________

7. What do you consider to be the applicant’s weaknesses? ____________________________
8. How well do you think the applicant has thought out plans for study at Seoul National University?

9. Do you know of any medical or emotional condition which might affect the applicant’s performance at the University? If so, please explain.

10. Please give us your appraisal of the applicant in terms of the qualities listed below. Rate the applicant in comparison with others applying for the proposed program whom you have known.

<table>
<thead>
<tr>
<th>Quality</th>
<th>Unusually Outstanding (Top 2%)</th>
<th>Superior (Top 5%)</th>
<th>Excellent (Top 15%)</th>
<th>Good (Top Third)</th>
<th>Average (Middle Third)</th>
<th>Poor (Bottom Third)</th>
<th>No Information</th>
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</thead>
<tbody>
<tr>
<td>Intellectual Ability</td>
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<td>Ability to Work With others</td>
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<td>Ability in Oral Expression</td>
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<td>Ability in Written Expression</td>
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<td>Imagination And Probable Creativity</td>
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</tbody>
</table>

11. Please comment on the ratings that you have assigned in #10 and make any additional statement about the applicant’s record, potential, or personal qualities which you believe would be helpful in considering the applicant’s application for the proposed degree program.

Recommender’s Signature ____________________________________________
Recommender’s Name (Please print clearly) __________________________ Date ___________
Position or Title: ________________________________________________
School or Firm: _________________________________________________
Address: ________________________________________________________

Number  Street  City  State  Zip Code  Country

Please return this form by the application deadline sealed in an official envelope and signed across the back. The original copy must arrive before the application deadline.