SEOUL NATIONAL UNIVERSITY

## RECOMMENDATION FOR ADMISSION TO VISITING PROGRAM

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)

1. Country of Citizenship:
2. Proposed Department:
3. 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.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | UnusuallyOutstanding(Top 2%) | Superior(Top 5%) | Excellent(Top 15%) | Good(Top Third) | Average(Middle Third) | Poor(Bottom Third) | NoInformation |
| Intellectual Ability |  |  |  |  |  |  |  |
| Ability to WorkWith others |  |  |  |  |  |  |  |
| Ability inOral Expression |  |  |  |  |  |  |  |
| Ability inWritten Expression |  |  |  |  |  |  |  |
| Imagination AndProbable Creativity |  |  |  |  |  |  |  |

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

**The recommender should return this form to the student in a sealed official envelope and sign it across the back. Upon the student’s request, or on certain circumstances, the recommender may post the sealed envelope directly to the officer at Seoul National University. Please note that the original copy must arrive before the indicated application deadline.**