



CONFIDENTIAL RECOMMENDATION FORM

(PLEASE : FILL AND DIRECTLY SEND TO THE CONCERNED AUTHORITY).

Student name _____ Student ID number _____
Major _____ Graduation date _____
Years of study _____ GPA _____
Hours covered _____ Average _____

Subject(s) taught	Subject(s) #	Subject(s) Grade

Academic Assessment	Excellent	V.Good	Good	Pass	Weak
Level in class					
Research ability					
Ability to Comprehend					
Quality of applicant academic work					
Level of Maturity					

Other Information : _____

Name :

Department :

Position :

email :

Phone # :

Signature :

Stamp