



CHULABHORN GRADUATE INSTITUTE (CGI)
Form App02: Letter of Recommendation

Applicant No. _____

For office use only

To the Applicant: At least two academic letters of recommendation are required and at least one of which must be completed by a university faculty member (preferably your academic advisor). Each letter must be completed and signed by the recommender himself/herself in order for the letter to be considered. Complete this section and give this form and an envelope to the person whom you have requested to recommend you. When the letter in the sealed envelope with the recommender's signature on the sealed flap is returned to you, include it with your other application materials.

Name: _____ Degree/level: Master Doctoral
first last

Proposed field: _____ Proposed term and year of admission: _____

Name of Recommender _____ Title _____
first last

To the Recommender: The person whose name appears above is applying for admission to the Chulabhorn Graduate Institute. To fully evaluate academic merits and potential of each applicant for academic and professional achievement in the field indicated, any information you can provide about the character and scholarship of the applicant will be greatly appreciated. Careful distinctive and explicit descriptions of academic strengths and weaknesses are more helpful to the applicant than routine praise. Please discuss the applicant's maturity, integrity, motivation, research initiative, specific research and/or work experiences, potential, and his/her promise of professional success. **We request that you complete the table below AND provide a separate letter of recommendation attached to this document.**

Please rate the applicant in comparison with others in the same class or academic program or of comparable experience.

The group of your comparison (check one):

Current senior undergraduates Current Master's students Others _____

| | Truly exceptional (Top 2%) | Excellent (Top 5%) | Very good (Top 10%) | Good (Top 20%) | Slightly above average (Top 35%) | Average (Top 50%) | Below average (Bottom 50%) | No basis for judgment |
|--|-------------------------------|-----------------------|------------------------|-------------------|-------------------------------------|----------------------|-------------------------------|-----------------------|
| Intellectual ability | | | | | | | | |
| Imagination and creativity | | | | | | | | |
| General knowledge | | | | | | | | |
| Ability in oral expression | | | | | | | | |
| Writing ability | | | | | | | | |
| Emotional maturity | | | | | | | | |
| Previous work | | | | | | | | |
| Research aptitude | | | | | | | | |
| Promise as a professional in the field | | | | | | | | |

Please provide all following contact information:

Signature: _____ Date _____

Name: _____ Title _____

E-mail address: _____ Telephone: _____

Institution: _____

Please seal and sign the envelope along the back flap and send it back to the student.