

Letter of Recommendation

Note: This is online version of Form and please use Tab key of your keyboard to move to next column.

Name of Applicant									
Program Applied for									
I agree that the recommendation			ld in confide	ence and I	hereby	V			
waive any rights to examine	it (Check one box)				Yes		No	
Signature of Applicant			[Date	_				
Name of Recommender				Ti	tle				
Organization									
Address & Tel No.									
1. How long and in what capacity have you known the applicant?									
						7			
2. Are you aware of the app	plicant's academic	record?				Yes		No	
						_			
3. Is the applicant prepared academically for the challenges of the Program applied for?						Yes		No	\square
		<u> </u>							
1 la tha applicant proparad	l amationally for th		f the Dream	m applied (ior?	Vaa		No	
4. Is the applicant prepared	a emotionally for the	e challenges of	i the Progra	im applied i	OF?	Yes		No	
r									
5. Please assess the applic			licate the re	eference gro	oup used fo	r your jud	lgment	ts (i.e	ə.
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