

GRADUATE RECOMMENDATION

Office Use Only

Programme: _____

Seat No.: _____

I. This section is to be completed by the Applicant

After filling out this section, please give this form to your referee, i.e. an instructor, a current employer or any other person who knows of your academic / professional ability for completion of the form.

YOUR APPLICATION CANNOT BE ACTED UPON UNTIL THE RECOMMENDATION IS RECEIVED BY GRADUATE SCHOOL OF ADVANCED TECHNOLOGY MANAGEMENT

Applicant's Name _____
First Middle Last

Applicant's Address: _____
Tel: _____ Email: _____

II. This section is to be completed by the Referee

The Graduate Admission Committee will appreciate your answering the questions below in a specific, detailed, and candid manner, nothing in particular incidents which illustrate the applicant's maturity, intellectual capacity and initiative.

1. How long have you known the applicant? _____ Year(s) _____ Month(s).
2. Under what circumstances have you known the applicant? _____

3. What do you consider as the applicant's strengths? _____

4. What are the applicant's weaknesses? _____

5. Does the applicant possess leadership qualities? _____

6. How would you evaluate the applicant's communicative skill (oral and written)? _____

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7. Do you consider the applicant ready for Graduate study? _____

8. In comparison with other candidates for graduate schools that you have known, how would you rate the applicant with respect to the following qualities:

Quality	Below Average	Average	Good	Outstanding	Truly Exceptional	Inadequate Opportunity to Observe
Intellectual Capacity						
Ability to work with others						
Administrative ability						
Imagination/creativity						
Potential for successful research						
Self-confidence						
Self-discipline						
Leadership potential						
Analytical skills						
Sense of humor						

9. I strongly recommend, recommend,
 recommend with some reservations, do not recommend

that this applicant be admitted for the graduate programme through the Graduate School of Advanced Technology Management, Assumption University of Thailand.

Signature

Date: ____/____/____

III. The Referee

Referee's Name: _____

Title / Position: _____

Institution / Company: _____

Address: _____

Contact telephone number: _____

Please return to

**GRADUATE SCHOOL OF ADVANCED TECHNOLOGY MANAGEMENT
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