

# Recommendation Form(추천서)

SECTION 1 TO THE APPLICANT			
Desired Program	<input type="checkbox"/> Master's Degree	Desired Department	
	<input type="checkbox"/> Doctoral Degree	Desired Major	
Name			
	<i>Surname</i>	<i>Given Name</i>	<i>Middle Name</i>

SECTION 2 TO THE RECOMMENDER			
Position	PROFESSOR	Relationship to Applicant	
Name			
	<i>Surname</i>	<i>Given Name</i>	<i>Middle Name</i>
University		Department	
Address			
Tel. No.		E-mail	

We would be grateful to receive, in confidence, your opinion of the applicant's suitability for the proposed course of graduate study. Please return this form sealed and stamped to the applicant concerned.

Thank you for providing a reference.

Signature of Recommender: \_\_\_\_\_

Date: \_\_\_\_\_