Seoul National University

**Form 3. Recommendation (Graduate)**

* **Please type or print in English or Korean. This form is two pages in length.**

**To be completed by the applicant**

* Complete this section and give this form with a stamped and addressed envelope to a recommender who knows you well.

Applicant’s Name:

Current attending/Last attended School:

Date of Birth (DD/MM/YY): E-mail:

Desired Dept/Program: Department of Physical Education, Global Sport Management Major – Dream Together Master

|  |  |  |
| --- | --- | --- |
| 1. This recommendation will be treated confidentially by the officers and faculty members. | □Agree | Date |
| 2. After the submission period, any right to this recommendation belongs to SNU. | □Agree |  |
| 3. The recommender only contained true information, and take full responsibility for any falsity in the submitted materials. | □Agree | DD/MM/YY |

**To be completed by the recommender**

* We appreciate your candid evaluation of the named applicant and his or her capacity for success as a student in the proposed field of study. Your recommendation plays an important role in the admissions process. We will not evaluate a candidate’s application until your recommendation is received.

Name: E-mail:

Title, Position and Institution:

Address:

 Telephone:

How long have you known the applicant and in what context?

* Please rate the applicant by checking the appropriate box. Relative to other students you have known, how do you rate this applicant in terms of:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Below average | Average | Good | Excellent | Top few ever encountered | No basis for judgment |
| Academic achievement |  |  |  |  |  |  |
| Academic motivation |  |  |  |  |  |  |
| Future academic potential |  |  |  |  |  |  |
| Leadership / Influence |  |  |  |  |  |  |
| Concern for others |  |  |  |  |  |  |
| Emotional maturity |  |  |  |  |  |  |
| Written expression |  |  |  |  |  |  |
| Oral expression |  |  |  |  |  |  |
| Creativity/Originality |  |  |  |  |  |  |
| Respect for differences |  |  |  |  |  |  |

1. **Academic / intellectual evaluation**: Please comment on the nature and quality of the applicant's academic performance and potential. We are especially interested in your evaluation of the applicant's academic achievement, motivation, originality of thought, creativity, intellectual depth or breath, and academic promise.

2. **Personal / interpersonal evaluation**: What are your impressions of the applicant as a person? How is he or she viewed by professors (teachers)? How does the applicant interact with others? What are the applicant’s major strengths and weaknesses?

3. **Additional comments**: Is there anything else we should know about this applicant? Please feel free to attach additional sheets if necessary.

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**Recommender’s Signature Date (DD/MM/YY)**