

# Recommendation for Outbound Student Exchange (MOU)

To the Applicant: Please fill out your full name before you give this form to your recommender. Name of Applicant:

To the Recommender: Please fill out in respond to the following questions. A digital/electronic signature is acceptable. After completing this form, please return it to the applicant or submit it directly to email: [cuexchange.outbound@chula.ac.th](mailto:cuexchange.outbound@chula.ac.th)

Name of Recommender: Title: Faculty: E-mail address:

1. How long have you known the applicant?
2. How well do you know the applicant?
3. Please rate the applicant on the following characteristics:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Areas** | **Excellent** | **Good** | **Fair** | **Poor** |
| Intellect |  |  |  |  |
| Initiative |  |  |  |  |
| Creativity |  |  |  |  |
| Leadership |  |  |  |  |
| Dependability |  |  |  |  |
| Interpersonal Relations |  |  |  |  |
| Diligence |  |  |  |  |

1. Please indicate your overall evaluation of the applicant.

[ ] Strongly recommended [ ] Recommended

[ ] Recommended with reservation [ ] Not recommended

1. Please make additional comments. An additional page may be attached.

# Signature: Date: