

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

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				

4. Please indicate your overall evaluation of the applicant.

☐ Strongly recommended

☐ Recommended

☐ Recommended with reservation

☐ Not recommended

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

Signature: _____ **Date:** _____