| APPLICANT | NO. |
|-----------|-----|
|           |     |
|           |     |



## Confidential

| RECOMMENDATION ON BEHALF OF                                                                                                             |                                                                                                                                   |                                            |                                                                                                                                                                   |  |
|-----------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Applicant Nar                                                                                                                           | me                                                                                                                                |                                            |                                                                                                                                                                   |  |
|                                                                                                                                         |                                                                                                                                   | t name                                     | Last name                                                                                                                                                         |  |
| To the Refere                                                                                                                           | e:                                                                                                                                |                                            |                                                                                                                                                                   |  |
| Chulalongkorn answering the                                                                                                             | University, and has named y questions below as specific                                                                           | ou as a referee. Ple<br>and candid a manne | the M.Sc. in IT in Business Program ease assist the Admission Committee by er as possible. Your comments will be a ride will be treated as strictly confidential. |  |
| either to turn th<br>M.Sc.                                                                                                              | ete this form and return it in a s<br>he applicant for return to<br>in IT in Business Program, Fa<br>longkorn University, Pathumy | aculty of Commerce                         |                                                                                                                                                                   |  |
| Please return t                                                                                                                         | this recommendation form be                                                                                                       | fore the program app                       | plication deadline of 19 September 2020                                                                                                                           |  |
| Thank you for                                                                                                                           | your assistance.                                                                                                                  |                                            |                                                                                                                                                                   |  |
| 1. Referee's C                                                                                                                          | Contact Details:                                                                                                                  |                                            |                                                                                                                                                                   |  |
| First Name:                                                                                                                             |                                                                                                                                   | Last name:                                 |                                                                                                                                                                   |  |
| Organization:                                                                                                                           |                                                                                                                                   | Position:                                  |                                                                                                                                                                   |  |
| Address:                                                                                                                                |                                                                                                                                   |                                            |                                                                                                                                                                   |  |
| Telephone:                                                                                                                              |                                                                                                                                   | Email:                                     |                                                                                                                                                                   |  |
| 2. Familiarity v                                                                                                                        | with the applicant:                                                                                                               |                                            |                                                                                                                                                                   |  |
| (a) How long ha                                                                                                                         | ave you known the applicant?                                                                                                      | )                                          | Year Month                                                                                                                                                        |  |
|                                                                                                                                         | acity do you know the applica<br>le: Lecturer, Supervisor, etc.)                                                                  |                                            |                                                                                                                                                                   |  |
| (c) Do you know the applicant well enough to give him/her a recommendation? Yes No (Please mark ONE of the following boxes with an 'X') |                                                                                                                                   |                                            |                                                                                                                                                                   |  |

## Confidential

## 3. Assessment

Please give your appraisal of the applicant in terms of the qualities in the table below. Rate the applicant in comparison with others applying for graduate study that you may have known in the applicant's proposed field of study. (Please mark ONE of the following boxes with an 'X')

|                                                      | , (                         |         |           |           | ,           |  |
|------------------------------------------------------|-----------------------------|---------|-----------|-----------|-------------|--|
|                                                      | No basis<br>for<br>judgment | Average | Good      | Excellent | Outstanding |  |
| Intellectual ability                                 |                             |         |           |           |             |  |
| Analytical ability                                   |                             |         |           |           |             |  |
| Leadership potential                                 |                             |         |           |           |             |  |
| Creativity                                           |                             |         |           |           |             |  |
| Written communication skills                         |                             |         |           |           |             |  |
| Verbal communication skills                          |                             |         |           |           |             |  |
| Time management                                      |                             |         |           |           |             |  |
| Ability to get along with others                     |                             |         |           |           |             |  |
| Emotional stability and maturity                     |                             |         |           |           |             |  |
|                                                      | •                           |         | •         |           |             |  |
| 4. Recommendation Summary                            |                             |         |           |           |             |  |
| (Please mark ONE of the following boxes with an 'X') |                             |         |           |           |             |  |
| Strongly recommend                                   |                             |         | Recommend | 4         |             |  |

| 4.  | Recommendation Summary                                                                                                                      |                  |  |  |  |
|-----|---------------------------------------------------------------------------------------------------------------------------------------------|------------------|--|--|--|
|     | (Please mark ONE of the following boxes with an 'X')                                                                                        |                  |  |  |  |
|     | Strongly recommend                                                                                                                          | Recommend        |  |  |  |
|     | Recommend with reservations                                                                                                                 | Do not recommend |  |  |  |
|     |                                                                                                                                             |                  |  |  |  |
| 5.  | Other comment on the applicant                                                                                                              |                  |  |  |  |
|     | Any further relevant information you feel may have a bearing on the applicant's suitability. (Please attach a separate letter if necessary) |                  |  |  |  |
|     |                                                                                                                                             |                  |  |  |  |
|     |                                                                                                                                             |                  |  |  |  |
|     |                                                                                                                                             |                  |  |  |  |
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|     |                                                                                                                                             |                  |  |  |  |
|     |                                                                                                                                             |                  |  |  |  |
| Siç | Signature                                                                                                                                   |                  |  |  |  |