



**Master's Degree Program in English  
Faculty of Arts  
Chulalongkorn University**

**Applicant Evaluation/  
Recommendation Form**

**To the Applicant:** Complete the section below.

Name of applicant: \_\_\_\_\_  
First Name Last Name

Contact Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Track in which the applicant intends to study

- Language  Literature

Name of Recommender: \_\_\_\_\_

Position/Title of Recommender: \_\_\_\_\_

**Access Information**

- I hereby waive my right to access the information supplied on this form.  
 I don't waive my right to access the information supplied on this form.

Applicant's signature: \_\_\_\_\_

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

**To the Recommender**

Name of Recommender: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Contact Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Please rate the applicant in comparison to other students or employees whom you have known in a similar capacity.**

	Outstanding	Excellent	Good	Average	Weak	Unable to Rate
Intellectual Ability						
Analytical Skills						
Written Communication Skills						
Oral Communication Skills						
Time Management Skills						
Academic Motivation						
Maturity						
Integrity						
Responsibility						
Ability to Work with others						
Ability to Cope with stress						
Creativity						

Overall impression of candidate:  Outstanding  Strong  Average  Fair  Poor

1. How long have you known the applicant and in what capacity?

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2. In your opinion, what are the applicant's strengths and weaknesses?

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3. To help us evaluate the applicant, please provide additional information below or enclose a separate recommendation letter with this form.

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Recommender's Signature \_\_\_\_\_ Date: \_\_\_\_\_

**The forms must be signed by the recommender and placed in an envelope with the recommender's signature on the seal. Return this envelope to the applicant.**