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|   | **RECOMMENDATION** **(**For Dept. of Biomedical Sciences) | REGISTRATION NUMBER |
| \*Do not write in this area. |
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| **THE APPLICANT**Applicant's Name: Applicant's proposed program: Master’s (     ),  Doctoral (     ), Combined Master’s/Doctoral ( )  Resident registration No. or Passport No.:                               Passport No (For non-resident):               Telephone:                        E-mail:                     Education: Undergraduate (or Graduate) institute and program / Degree / Major / (expected) Year of graduation   |
| **THE RECOMMENDER**Recommender's Name:   Title, Position and Institution:Telephone:                             Cell phone: E-mail:                                                            |
| **Each applicant pledges to the following:** |
| 1. I hereby request this recommendation to be held in confidence for the purpose of facilitating a fair admission process.  2. I hereby waive the right to view this recommendation and any information related with this recommendation and pledge not to request the information to open to the public. I vouch that this waiver and pledge shall be valid in the future as well.  3. I shall accept any punitive actions against me by Seoul National University, once any wrongdoing is discovered related with the recommendation such as the applicant wittingly providing the evaluator with wrong information or the recommendation filled out by somebody other than the evaluator. I understand that the punitive actions may include rejection, admission cancellation, disadvantage against me during future admission process, etc.                Date (DD/MM/YY) / / Applicant’s name                          Signature  |
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|  | **RECOMMENDATION****(**To be completed by the recommender) | REGISTRATION NUMBER |
| \*Do not write in this area. |
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| Recommender's Name:   Title, Position and Institution:Telephone: Cell phone:E-mail: I have known the applicant for:        Year(s)        Month(s)   (From / (MM/YY) to / (MM/YY)) Relationship to the applicant:  |
| I have personally filled out this recommendation for the applicant, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , based on facts. I have not disclosed the contents of this recommendation to anybody and shall not do so in the future. I promise my cooperation when the applicable university requests for the verification of the contents.   Date (DD/MM/YY) / / Recommender’s name                          Signature  |

**RECOMMENDATION CONTENTS**

Please give your unbiased evaluation of the candidate focusing on his/her character, learning ability, academic performance and zeal, and peer relationships. This information will assist the Admission Committee in making a fair and objective decision regarding the candidate's application for admission to the College. There is no length limit.

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|   | **REFERENCE CONTACT****INFORMATION****(**For Dept. of Biomedical Sciences) | REGISTRATION NUMBER |
| \*Do not write in this area. |
|  ※ The reference shall not be the same as the recommender. |
| **THE APPLICANT**Applicant's Name: Applicant's proposed program: Master’s (     ),  Doctoral (     ),  Combined Master’s/Doctoral ( )Resident registration No. or Passport No.:                                 Passport No (For non-resident):               Telephone:                 E-mail:     Education: Undergraduate (or Graduate) institute and program / Degree / Major / (expected) Year of graduation Please contact the evaluator if there is any additional questions regarding the applicant. I hereby confirm that the following contact information is provided upon the consent by him or her to refer to. |
| **REFERENCE CONTACT INFORMATION** Reference's Name:   Title, Position and Institution:Telephone:                             Cell phone: E-mail:                                                               I have known the applicant for:        Year(s)        Month(s)   (From / (MM/YY) to / (MM/YY)) Relationship to the applicant:  |
| Date (DD/MM/YY) / / Reference’s name                          Signature  |
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