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| **F:\Works\About VJU - VNU\Du an VJU\Logo VJU\logo final 18-8-01 (1).jpg**  **VJU Admissions Office**  R.510, 5th Floor, VJU Campus in My Dinh  Luu Huu Phuoc Street, Cau Dien Ward, Nam Tu Liem District, Hanoi, Vietnam |  | Form 3  Phone: (+84-24) 73-066-001 (Ext: 5093)  Email: [admission@vju.ac.vn](mailto:admission.vju@vnu.edu.vn)  Website: www.vju.ac.vn |

**LETTER OF RECOMMENDATION**

TO THE APPLICANT: Please complete this section and give to the person you have asked for a recommendation. Upon receiving a sealed envelope from the advisor, include it in the application package to be sent to VJU Admissions Office.

Applicant’s name

Family name Middle name First name

Date of birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Master’s program applied for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TO THE ADVISOR: The above student is applying for a master’s program at Vietnam Japan University. To help with the selection process, please provide us with the information requested below.

Please enclose the completed form and a letter of recommendation on a separate sheet(s) of paper in a sealed envelope and sign it across the seal. Return the signed and sealed envelope to the applicant. This letter of recommendation will remain confidential and will be used for screening purposes.

1. How long have you known the applicant? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. What is your relationship to the applicant?

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3. Please assess the applicant on a scale of excellent (highest) to poor (lowest) in relation to the following criteria. Please check the appropriate box.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Excellent | Very Good | Good | Fair | Poor |
| Intellectual ability |  |  |  |  |  |
| Written communication skills |  |  |  |  |  |
| Oral communication skills |  |  |  |  |  |
| Ability to meet deadlines |  |  |  |  |  |
| Ability to organize workload |  |  |  |  |  |
| Ability to work independently |  |  |  |  |  |
| Creativity and originality |  |  |  |  |  |
| Language proficiency |  |  |  |  |  |
| Motivation for graduate study |  |  |  |  |  |
| Social skills |  |  |  |  |  |
| OVERALL ASSESSMENT |  |  |  |  |  |

4. Discuss the applicant’s competence in his/her field of study and give additional information if thought necessary. (*Please write on a separate sheet of paper and attach it to this form)*

Name of person completing this form: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Tel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: Date: