(Form 2)

**KYUNGPOOK NATIONAL UNIVERSITY CHILGOK HOSPITAL**

**RECOMMENDATION FOR INTERNATIONAL FELLOWSHIP**

Note to Candidate : Please enter your name and nationality below. Deliver or mail to the person who will write the recommendation.

Note to Recommender : We would appreciate your frank and candid appraisal of the candidate as a potential fellow at **KYUNGPOOK NATIONAL UNIVERSITY CHILGOK HOSPITAL**

**RECOMMENDATION Confidential**

1. Name of Applicant

Last Name First Name Middle Name

Nationality

2. Department

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

4. What do you consider the applicant's strengths

5. What do you consider the applicant's weaknesses ?

6. How well do you think the applicant has thought out plans for study at **KYUNGPOOK NATIONAL UNIVERSITY CHILGOK HOSPITAL**?

7. Do you know of any medical or emotional condition which might affect the applicant's performance at **KYUNGPOOK NATIONAL UNIVERSITY CHILGOK HOSPITAL**? If so, please explain.

8. Please give us your appraisal of the applicant in terms of the qualities listed below. Rate the applicant in comparison with others applying for the proposed program whom you have known.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Rates  Abilities | Unusually  Outstanding  (Top 2%) | Superior  (Top 5%) | Excellent  (Top 15%) | Good  (Top Third) | Average  (Middle  Third) | Poor  (Bottom  Third) | No  Information |
| Intellectual Ability |  |  |  |  |  |  |  |
| Ability to Work  with Others |  |  |  |  |  |  |  |
| Administrative  Ability |  |  |  |  |  |  |  |
| Ability in Oral  Expression |  |  |  |  |  |  |  |
| Ability in  Written Expression |  |  |  |  |  |  |  |
| Imagination and  Probable Creativity |  |  |  |  |  |  |  |

9. Please comment on the ratings that you have assigned in #8 and make any additional statement about the applicant's record, potential or personal qualities which you believe would be helpful in considering the person's application for the proposed program.

Recommender's signature

Recommender's name(Please print) Date

Position School, Hospital,

or Title : or Institute :

Address :