

6. How well do you think the applicant has thought out plans for study at Seoul National University of Technology? _____

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7. Do you know of any medical or emotional condition which might affect the applicant's performance at the University? If so, please explain. _____

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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.

	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							
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 applicant's application for the proposed degree program.

Recommender's Signature _____

Recommender's Name (Please print clearly) _____ Date _____

Position or Title: _____

School or Firm: _____

Address: _____

Number Street City State Zip Code Country

Please return this form by the application deadline sealed in an official envelope and signed across the back to: Center for International Exchanges, Seoul National University of Technology. Your recommendation is considered as an important part of the applicant's application. We will take no action on the applicant's application until we have heard from you. Thank you again for your assistance.