



A a A


--







1.			
2.			




a.


b.


c.


200			

2022

\_\_\_\_\_

1

2

\_\_\_\_\_

\_\_\_\_\_

2022

---

---



- 1.
- 2.
- 3.

# LETTER OF RECOMMENDATION

---

---

T A a

---

Applicant should have sole credit of recommendation submitted from professor to her who can attest to the quality of his/her academic performance, capability and potential of research. Please see to have the envelope directed to the institution to which you are applying or returned to the applicant sealed.

(

*This section to be filled in by the applicant*

---

*(Name of Applicant)*

*(Telephone Number)*

---

*(Address of Applicant)*

---

*(Institution to which the applicant is applying)*

999

330031

---

*(Address of Institution)*

## ***To the Referee***

---

*You are named by the applicant as a referee for his/her application of doctor admission in the above listed institution. We would appreciate your opinion of his/her academic performance capability and potential in research work. Please directly send this form to institution to which he/she is applying or return it to the applicant with the envelope sealed. If you prefer to write a personal letter rather than this form, please feel free to do so and attach this form to your letter.*

( To the content )



( ) *The following to be filled in by the referee)*

---

*(Name of Referee)*

---

*(Position and Title)*

---

*(Institution and Address)*

---

*(Relationship with the Applicant)*

---

*(Telephone Number)*

*(Facsimile)*

---

*(Recommendation):*

---

*(Signature)*

---

*(Date)*

# LETTER OF RECOMMENDATION

---

---

T A a

---

Applicant should have a letter of recommendation submitted from a professor who can attest to the quality of his/her academic performance, capability and potential of research. Please also have the envelope directed to the institution to which you are applying or returned to the applicant.

*This section to be filled in by applicant*

---

*(Name of Applicant)*

*(Telephone Number)*

---

*(Address of Applicant)*

---

*(Institution to which the applicant is applying)*

999

330031

---

*(Address of Institution)*

## ***To the Referee***

---

*You are named by the applicant as a referee for his/her application of doctor admission in the above listed institution. We would appreciate your opinion of his/her academic performance capability and potential in research work. Please directly send this form to institution to which he/she is applying or return it to the applicant with the envelope sealed. If you prefer to write a personal letter rather than this form, please feel free to do so and attach this form to your letter.*

( To be completed )

( ) *The following to be filled in by the referee)*

---

*(Name of Referee)*

---

*(Position and Title)*

---

*(Institution and Address)*

---

*(Relationship with the Applicant)*

---

*(Telephone Number)*

*(Facsimile)*

---

*(Recommendation):*

---

Signature)

---

(Date)




