

RECOMMENDATION FORM

Application for academic year _____

Name of candidate:	
---------------------------	--

For Major Advisor

The candidate named above is applying for Dual-Ph.D. program between Faculty of Medicine Siriraj Hospital, Thailand and (University/Faculty).....Country....., To help us evaluate a candidate’s potential, we kindly ask you to fill in the enclosed form and to prepare a letter of recommendation. Please consider the candidate to be in the following percentage of students you have encountered. Please summarize your opinion of the candidate’s strengths and limitations in the matrix below. You will have the chance to provide a more detailed description on the next page. Thank you in advance for your kind contribution.

Evaluation	1 (outstanding)	2 (upper 5%)	3 (upper 10%)	4 (upper 20%)	5 (lower 50%)
Academic record / Background					
Intellectual potential					
Technical skill (if applicable)					
Creativity / Originality					
Perseverance towards goals					
Motivation / Commitment					
Emotional maturity					
Social & communicative skills					
Adaptability / Flexibility					
Ability to work in team					
Ability to work independently					

Additional information about the candidate:

Please give your opinion of the candidate's strengths and limitations for postgraduate study or general performances on this page (or on a separate official letterhead or a PDF file of your additional recommendation letter)

- Summary** Strongly recommend Recommend with confidence
 Recommend Recommend with reservation
 Not recommended

Signature: _____ Major Advisor
Name: _____
Date: _____

For Program Director

- Agree to select him/her as Dual-Ph.D. Scholarship applicant
 Disagree to select him/her as Dual-Ph.D. Scholarship applicant (Please give a reason)

.....
.....
.....

Signature: _____ Program Director
Name: _____
Date: _____

For Head of Department

Department of _____, Faculty of Medicine Siriraj Hospital

- Agree to select him/her as Dual-Ph.D. Scholarship applicant
 Disagree to select him/her as Dual-Ph.D. Scholarship applicant (Please give a reason)

.....
.....
.....

Signature: _____ Head of Department
Name: _____
Date: _____