



MM
MASTER OF MANAGEMENT
CHULALONGKORN BUSINESS SCHOOL

Master of Management in International Business (International Program)

Department of Commerce

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LETTER OF RECOMMENDATION FORM

This section is to be completed by applicant.

Title (Mr. /Mrs. /Miss/ Ms.)	First (given) Name	Last (family/surname) Name

Address and Street

City	Province / State	Postal Code	Country
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Applicant: This form is to be completed by persons who are able to comment on your qualification for graduate study. Two recommendation letters are required.

I waive my right to review this recommendation.

I do not waive my right to review this recommendation.

Applicant Signature _____

Date ____/____/____
DD / MM / YYYY

(_____)
Please print your name

Instruction to the recommender

The person named above is applying for admission to the Master of Management Program at Chulalongkorn University. You have been selected by the applicant to submit your comments on the applicant's qualifications. Please enclose this form in the envelope addressed to the applicant, sign your name across the envelope seal, and return it to the candidate for submission to the program. Thank you for your cooperation and assistance.

Recommender

Title (Mr. /Mrs. /Miss/ Ms.)	First (given) Name	Last (family/surname) Name	
Position / Title		Organization	
Address and Street			
City	Province / State	Postal Code	Country

How long have you known the applicant? _____ years _____ months

In what capacity have you known the applicant? _____

In case the applicant was your student, he or she was your student in a class of _____
 (Please specify number of students enrolled.)

Please complete the rating grid by evaluating the applicant in relation to other candidates you have known in a similar capacity.

	Excellent	Very good	Good	Average	Below Average	Insufficient information
Conceptual ability						
Analytical ability						
Ability to work with others						
Ability to work Independently						
Intellectual Potential						
Initiative						

