University of Co-operative and Management, Sagaing

MFM Programme (Online Second Batch)

Letter of Recommendation (Work)

Name of Applicant: ----------

To the person evaluating the applicant:

The person whose name appears is applying for admission to the MFM programme at the University of Co-operative and Management, Sagaing. In considering applicant to MFM programme, particular emphasis is placed on comments from people the applicant has chosen as referees. Your prompt submission to this form will be most helpful as the applicant cannot be considered without your comments. The admission office realizes that considerable time and effort is involved in preparing the evaluation. Your assistance in giving this appraisal is greatly appreciated.

Name of person completing this form: ----------

Position / Title: ----------

Organization: ----------

Address: ----------

How long have you known the applicant? ---------- Years ----------Months

You have known the applicant as a/ an:

☐ Undergraduate ☐ Graduate

☐ Research assistant ☐ Teaching assistant

☐ Employee ☐ Other

(Please specify) ----------

You have served as the applicant's:

☐ Division / dept. / school head ☐ Employer

☐ Teacher in several classes ☐ Immediate supervisor in firm

☐ Teacher in only one class ☐ Other (please specify)

How often have you observed him / her at work?

How often have you observed him / her at school?

How often have you observed him / her socially?

Do you expect that this candidate will contribute in a meaningful way after completion of the study?

Do you feel graduate study is appropriate for the applicant at this time? Why?

In comparison with other graduate school candidates that you have known, how would you rate the applicant with respect to the following qualities?

Particular	Poor Bottom 1/3	Average Middle 1/3	Good Top 1/3	Outstanding Top 5%	Inadequate Opportunity To observed
Intellectual ability					
Maturity					
English comprehension					
Undergraduate performance					
Academic promise					

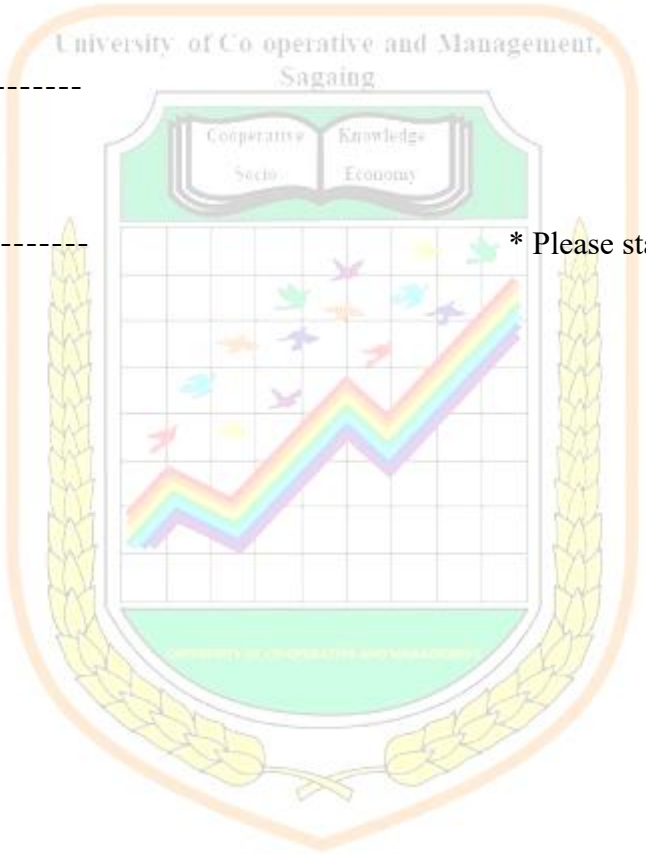
You, thus ☐ strongly recommend

☐ recommend

☐ recommend with some reservation

☐ do not recommend

The applicant to be admitted to the MFM programme.



Signature

Date ---------- * Please stamp your seal here.