



## **Recommendation for Admission**

### **PART I: To be completed by the Applicant**

Please complete part I on the reverse of the form (in block capitals). You should send your two references together with your applications to International Office. We will be unable to process your application until we have received your references.

### **PART II: To be completed by the Referee**

The person named above has applied for admission to Universitas Indonesia as an exchange student. I should be most grateful if you would provide us with reference on the applicant's academic and general suitability to undertake the proposed course of study by completing part II on the reverse side of this form. It would be of great assistance to the University if, in addition to any general statement, you would indicate the following in your reference:

- a) how long have you known the applicant and in what capacity;
- b) how the applicant's achievement compares to those of his/her peers;
- c) the nature and class of degree already obtained or expected to be obtained prior to the commencement of the course;
- d) for applicants whose first language is not English, their standard of proficiency in written and oral English
- e) applicant's proficiency in Indonesian language
- f) the applicant's general suitability for undergraduate study, including any distinct strengths or weaknesses.

In considering applications, the University attaches great importance to the information which is provided in references and I should like to thank you in advance for your assistance.

*Your reply will be treated in confidence by the University.*



## PART I – Applicant

Your name : \_\_\_\_\_

Proposed study program : \_\_\_\_\_

Proposed courses :

1.	7.
2.	8.
3.	9.
4.	10.
5.	11.
6.	12.

Date of commencement : \_\_\_\_\_

Name of referees 1. \_\_\_\_\_

2. \_\_\_\_\_



## **PART II – Reference**

*(Please continue on a separate sheet if necessary)*

Name of Referee: \_\_\_\_\_

Title/Status: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Email \_\_\_\_\_ Ph. \_\_\_\_\_ Fax \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_