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(Name of Appli	cant)	(Telephone Number)	
	(Address	of Applicant)	
330031	(Institution to which th	ne applicant is applying) 999	
(Address of Institution)			

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 from, please feel free to do so and attach this form to your letter.

To the Referee

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() The followin	g to be filled in by th	ie referee)
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	(Name of Referee)	l	
	(Position and Title)	
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	(Relationship with the Ap	plicant)	
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(Signature)		(Date)	

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Applicant should have two letters of recommendation submitted from professors or others who can assess the quality	of
his/her academic performance, capability and potential of research. Please ask to have these letters sent directly to the institution	on
to which you are applying or returned to you with the envelope sealed.	

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	(Ac	ddress of Applicant)					
	(Institution to wh	hich the applicant is applying)					
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((The following to be filled in by the referee)				
	(Name of Referee)				
	(Position and Title)				
	(Institution and Address)				
	(Relationship with the Applicant)				
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Signature)		(Date)			

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