



Teacher Recommendation

Applicant's Name

TEACHER INFORMATION

Teacher's Name : _____

Contact Address : _____ (Phone) _____ (Fax)

Email Address : _____

School/Institution : _____ (Name of Institution to which you belong)

Position : _____

Period of Employment : _____ (MM-YYYY ~ MM-YYYY)

RECOMMENDATION INFORMATION

What subject(s) have you taught this applicant? : _____

How long have you known this applicant? : _____

In what context have you known this applicant? : _____

How frequently are you in professional contact with this applicant? : _____

List the courses you have taught this student, specifying the student's year in school(10th, 11th, 12th, first-year, sophomore, etc.) and the level of course difficulty(AP, IB, accelerated, honors, elective, etc.).

: _____

CONFIRMATION

I certify that the information presented in my recommendation is accurate, complete and honestly presented.

I also certify that I have kept all information in my recommendation confidential and that I will not disclose it under any circumstances.

Date: _____ **Name:** _____ **(Signature)**

TO THE TEACHER

- Please return this form to the applicant sealed in an official envelope and signed across the back. We greatly appreciate your willingness to assist us in this manner and will give serious consideration to your comments.
- Please, submit your signed recommendation promptly.
- This recommendation will remain confidential and be served ONLY for the purpose of admission process.

RATINGS

Academic Skills :

	One of the top few I've encountered	Outstanding (top 5%)	Excellent (top 10%)	Good (top 30%)	Average (top 50%)	Below average	No basis
Academic Achievements							
Learning ability in math							
Learning ability in science							
Learning ability in (Subject:) of science							

Personal Qualities :

	One of the top few I've encountered	Outstanding (top 5%)	Excellent (top 10%)	Good (top 30%)	Average (top 50%)	Below average	No basis
Concern for others							
Maturity and Leadership							
Initiative and Independence							
Creative, original thought							
Reaction to setbacks							
Social awareness							
Potential for success at GIST	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Below average <input type="checkbox"/> No basis						
Level of English Fluency at GIST	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Below average <input type="checkbox"/> No basis						

- Compared with other college-bound students whom you have taught, indicate above (with a check) how you would rate this applicant in terms of Academic Skills and Personal Qualities.
- If you submit false reports that ultimately affect the result of admission, the admission of this applicant will be automatically cancelled.

EVALUATION

Please comment on the ratings that you have assigned and make any additional statement about the student's record, potential, or personal qualities which you believe would be helpful in considering the student's application for Undergraduate Program at GIST.

What do you consider to be the student's weaknesses in ratings that you have assigned? What does the student need to do in order to overcome his or her weaknesses?

Please give additional comments. We welcome information that will help us to differentiate this student from others.