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| **NATIONAL CANCER CENTER**  **RECOMMENDATION FOR VISITING FELLOW** | |
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| **<How to fill out this form>**  ‣**Note to Candidate**: Please enter your name and nationality below. Deliver or mail to the person who will write this recommendation.  ‣**Note to Recommender**: We would appreciate your frank and candid appraisal of the candidate as a potential fellow at National Cancer Center Korea. | |
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| **RECOMMENDATION CONFIDENTIAL** | |
| 1. Name of Applicant |  |
| 2. Nationality |  |
| 3. Name of institute |  |
| 4. Department |  |
|  | |
| **5. How long have you known the applicant and in what capacity?** | |
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| **6. What do you consider the applicant's strengths** | |
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| **7. What do you consider the applicant's weaknesses** | |
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| **8. How well do you think the applicant has thought out plans for study at Nation Cancer Center?** | |
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| **9. Do you know of any medical or emotional condition which might affect the applicant's performance at National Cancer Center? If so, please explain.** | |
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| **10. Please give us your appraisal of the applicant in terms of the qualities listed below. Rate the applicant in comparison with others applying for the proposed program whom you have known.** | |
| |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | Rates  Abilities | Unusually  Outstanding  (Top 2%) | Superior  (Top 5%) | Excellent  (Top 15%) | Good  (Top Third) | Average  (Middle  Third) | Poor  (Bottom  Third) | No  Information | | Intellectual Ability |  |  |  |  |  |  |  | | Ability to Work  with Others |  |  |  |  |  |  |  | | Administrative  Ability |  |  |  |  |  |  |  | | Ability in Oral  Expression |  |  |  |  |  |  |  | | Ability in Written  Expression |  |  |  |  |  |  |  | | Imagination and  Probable Creativity |  |  |  |  |  |  |  | | |
| **11. Please comment on the ratings that you have assigned in #10 and make any additional statement about applicant's record, potential or personal qualities which you believe would be helpful in considering the person's application for the proposed program.** | |
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Recommender's signature

Recommender's name(Please print) Date

Position School, Hospital,

or Title : or Institute :

Address: