



機密推薦書 CONFIDENTIAL RECOMMENDATION LETTER

Application No 申請編號： _____

第一部分 (由申請人填寫) Section 1 (To be completed by the Applicant)

申請人姓名 Name of Applicant :

中文姓名(in Chinese) _____ 英文姓名(in English) _____

擬攻讀自然醫學醫師課程 Program Applied for Doctor of Naturopathic Medicine (ND)

推薦人姓名 Name of Referee :

中文姓名(in Chinese) _____ 英文姓名(in English) _____

第二部分 (由推薦人填寫) Section 2 (To be completed by the Referee)

1. 台端認識申請人多久及如何認識？

For how long and in what capacity have you known the applicant?

* 2. 請就表中所列各項資料將申請人與 台端所曾教導之學生或共事之僱員作一比較。

How would you rank the applicant in the following characteristics in comparison with other students you have taught or employees you have worked with or supervised?

	優異 Excellent (upper 5%)	良好 Good (6-20%)	滿意 Satisfactory (21-50%)	普通或以下 Average or below (lower 50%)	無從判斷 No basis for judgment
智能 Intellectual ability					
對擬攻讀學科之知識程度 Knowledge in subject of proposed study					
中文程度 Chinese proficiency					
英文程度 English proficiency					
主動性 Initiative					
毅力 Perseverance					
判斷力 Judgment					
從事學術研究之能力 Ability for conducting scholastic research					

* Please tick where appropriate 請在適當位置以“✓”表示

- * 3. 台端認為申請人之學術成績能否準確地反映其學術研究之能力。 ____ 能 ____ 否。若答案是「否」者，請略述有關申請人之獨立研習或研究工作表現。

In your opinion, is the applicant's scholastic record, as you know it, an accurate index of his scholastic ability? Yes _____ No _____.

If your answer is "No", please explain briefly, possibly with reference to the applicants' performance in independent study or in research participation program.

4. 請提供 台端認為有助甄別申請人之評語。如有需要可另附紙張書寫。

In the space below, please add any comment you think will be of assistance in assessing the applicant. A separate sheet may be appended if necessary.

- * 5. 台端會否推薦申請人擬攻讀之課程？

Would you recommend the applicant to pursue study for the applied program?

極力推薦

可以推薦

不予推薦

Highly Recommend _____

Recommend _____

Do Not Recommend _____

推薦人姓名

Name _____

(in block letter) (請用正楷)

推薦人簽名

Signature _____

推薦人聯絡電話

Contact Tel. _____

推薦人電郵

E-mail _____

推薦人職位

Position _____

推薦日期

Date _____

推薦人大學/工作機構名稱

Institution _____

推薦人通訊地址

Correspondence address _____

附註：

此推薦書乃機密文件，請勿交與申請人。

為免延誤，請 台端於收到表格後兩星期

內，填妥有關資料，直接寄回以下地址：

香港灣仔軒尼詩道99號27樓

美國自然醫學學院校務處收

Note:

This is a strictly CONFIDENTIAL document.

Please do not return the completed form to

applicant. It should be sent directly to:

Registry,

American Institute of Natural Medicine,

27/F, 99 Hennessy Road,

Wanchai, Hong Kong SAR