

# 机密推荐书 (1)

## CONFIDENTIAL RECOMMENDATION FORM

以下各项由推荐专家填写 (推荐人必须曾任高级讲师或以上教职)

To be completed by the Referee (who must be at the level of senior lecturer or above).

1、请就表中所列各项，对申请人之能力作评价

Please rate the applicant's abilities in the following respects.

	优异 excellent (upper %)	良好 Good (6- 20%)	满意 Satisfactory (21-50%)	普通或以下 Average or below (lower 50%)	无从判断 No basis for judgment
智能 Intellectual ability					
对拟攻读学科之知识程度 Knowledge in subject of proposed study					
中文程度 Knowledge of English					
创造力 Initiative					
毅力 Perseverance					
判断力 Judgment					

2. 请写出对申请人之评语以供甄别参考。如有需要请另纸书写附上。

Please give general comments which may be of assistance in assessing the suitability of the applicant to undertake a Masters/Doctoral Degree in Chinese Medicine. Attach a separate sheet if necessary.

3. 推荐人情况介绍。Information about the Referee.

推荐人姓名 签署  
Referee's Name: \_\_\_\_\_ Signature: \_\_\_\_\_

请用正楷(In Block Letters)  
职位 日期  
Position: \_\_\_\_\_ Date: \_\_\_\_\_

学术机构名称  
Name of Educational Institute: \_\_\_\_\_

学术机构地址  
Address of Educational Institute: \_\_\_\_\_

电话  
Telephone: \_\_\_\_\_

电子邮件  
E-Mail Address : \_\_\_\_\_

# 机密推荐书 (2)

## CONFIDENTIAL RECOMMENDATION FORM

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对拟攻读学科之知识程度 Knowledge in subject of proposed study					
中文程度 Knowledge of English					
创造力 Initiative					
毅力 Perseverance					
判断力 Judgment					

2. 请写出对申请人之评语以供甄别参考。如有需要请另纸书写附上。

Please give general comments which may be of assistance in assessing the suitability of the applicant to undertake a Masters/Doctoral Degree in Chinese Medicine. Attach a separate sheet if necessary.

3. 推荐人情况介绍。Information about the Referee.

推荐人姓名 签署  
Referee's Name: \_\_\_\_\_ Signature: \_\_\_\_\_

请用正楷(In Block Letters)  
职位 日期  
Position: \_\_\_\_\_ Date: \_\_\_\_\_

学术机构名称  
Name of Educational Institute: \_\_\_\_\_

学术机构地址  
Address of Educational Institute: \_\_\_\_\_

电话  
Telephone: \_\_\_\_\_

电子邮件  
E-Mail Address : \_\_\_\_\_