



Southern California University School of Oriental Medicine and Acupuncture

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Letter of Reference (추천서)

Name of Applicant(지원자이름): _____

Address(주소): _____

Phone# (전화번호): _____

Year (입학예정년도): _____ Quarter (학기): _____

This letter can be completed by anyone who is familiar with your academic or work experience. Please have this form mailed directly to SCUSOMA by whomever completes it.

이 추천서를 목사님이나 교수님 또는 친지께서 직접 작성하셔서 학교로 직접 보내주시기 바랍니다.

① How long and how well have you known the applicant? 신청자에 대해 얼마나 오랫동안 잘 아십니까?

② In what capacity did you know the applicant? 신청자와의 관계:

③ Comments 추천자의 소견 (please use the back of this page):

④ Please circle the appropriate description in each question. (적당한 곳에 표해 주시기 바랍니다.)

Table with 7 rows of traits (Responsibility and Reliability, Leadership, Intelligence, Achievement, Cooperation and Teamwork, Emotion Stability, Financial Responsibility) and 6 columns of ratings (Excellent, Good, Average, Fair, Poor).

Name of Reference (추천자 성명): _____

School or Organization (학교 또는 기관): _____ Position(직책) _____

Address (주소): _____

Phone# (전화번호): _____ Email: _____

Signature of Reference (추천인 서명): _____ Date(날짜): _____