

Recommendation Letter

NameTitle/Position				
OrganizationTelephone No				
EmailH	lighest acade	mic degree		
From (institution)				
I confirm that I have known (name	of applicant))		
foryears as his/her () Lecturer () Advisor () Employer () Colleague				
() Others				
I would like to certify the applicant's qualification according to the following aspects.				
Please check () the appropriate box be	elow			
Qualification	Excellent	Good	Average	Needs improvement
1. Diligence				
2. Responsibility				
3. Emotional stability				
4. Creativity				
5. Problem solving & Decision making				
6. Communication skills				
7. Teamwork skills				
8. Personality and manners				
Please describe why you feel the applicant should or should not be chosen for the graduate program.				
Name				
()				
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Please submit this form to Department of Environmental Science, Faculty of Science, Chulalongkorn University, 254 Payathai Rd., Wang Mai, Pathumwan, Bangkok Thailand 10330 or jatuwat.s@chula.ac.th