

# 機 密 推 薦 書

## CONFIDENTIAL RECOMMENDATION FORM

I. 下列各項由申請人填寫(注意:必須填寫\* 以外各項)

To be completed by the applicant. (Important. Leave no blank except\* )

申請人姓名 \_\_\_\_\_ 中文 \_\_\_\_\_ 英文 \_\_\_\_\_  
 Name of Applicant: \_\_\_\_\_ (in Chinese): \_\_\_\_\_ (in English)  
 申請學校名稱 \_\_\_\_\_ 中文 \_\_\_\_\_ \* 英文 \_\_\_\_\_  
 Institute of choice: \_\_\_\_\_ (in Chinese): \_\_\_\_\_ (in English)  
 擬攻讀課程  
 Programme applied for  碩士課程  
 Master's Programme  
 報考專業 \_\_\_\_\_ 中文 \_\_\_\_\_ \* 英文 \_\_\_\_\_  
 Field: \_\_\_\_\_ (in Chinese): \_\_\_\_\_ (in English)  
 報考方向 \_\_\_\_\_ 中文 \_\_\_\_\_ \* 英文 \_\_\_\_\_  
 Research Topic: \_\_\_\_\_ (in Chinese): \_\_\_\_\_ (in English)

\* 毋必要填寫。倘若須用英文名稱以便推薦人參考,請填寫。

Optional. Please fill in only if English reference is required by the referee

II. 下列各項由推薦人填寫(推薦人必須曾任高級講師或以上教職)

To be completed by the Referee(Who must rank or has ranked senior lecturer or above)

1. 請就表中所列各項,對申請人之能力與其他臺端曾教導之學生或共業之雇員作一比較:

Please rate the applicant's abilities in the following characteristics comparison with other students you have taught or other 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 Knowledge of Chinese					
創造力 Initiative					
毅力 Perseverance					
判斷力 Judgment					

2. 請寫出對申請人之評語以供甄別參考。如有需要請另紙書寫附上。

Please give general comments which may be of assistance in assessing the applicant. Attach a separate sheet if Necessary.

3. 請以 V 符號加于適合之空格以表示對申請人之推薦程度

Please indicate the strength of your recommendation by a "V" in the appropriate box.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
極為推薦	樂予推薦	僅可推薦	不予推薦
Highly recommended	Recommended	Recommended With reservations	Not recommended

推薦人姓名 \_\_\_\_\_ 簽署 \_\_\_\_\_  
Referee's Name: \_\_\_\_\_ Signature: \_\_\_\_\_

請用正楷 (in Block Letters)

職位 \_\_\_\_\_ 日期 \_\_\_\_\_  
Position: \_\_\_\_\_ Date: \_\_\_\_\_

學術機構職稱 \_\_\_\_\_  
Name of Educational Institute: \_\_\_\_\_

學術機構地址 \_\_\_\_\_  
Address of Institute: \_\_\_\_\_

電話 \_\_\_\_\_  
Telephone No: \_\_\_\_\_

注：請推薦人填妥后，密封此推薦書，并在封口處簽名，交由申請人交回本報名點。

A Note For The Referee:

Please seal this form after completion, sign on the sealed part and pass it back to the applicant for submission to the office.