## **Letter of Recommendation**

APPLICANT									
FIRST NAME				AST NAME					
With regard to the consider	ation of my adn	nission to The	Financial Engir	neering Master P	rogram (FE), I (the	applica	ant)		
waive my right of access to notice of the names of all purpose of evaluating me for	persons makin	g condifnentia	al recommend						
Note to The Recommende The applicant whose name welcomes any information y independent scholarly work may use the space provided	appears on thi you can provide c. Please comm	e regarding the nent in detail a	e performance bout the appli	of this person in	n graduate study a	as well a	s his or her	capacity to do	
	Exceptional	Outstanding	g Very Goo	d Good	Average	Belov	v Average	No Opportunity	
	(Top 2%)	(Top 10%)	(Top 20%					To Observe	
Mathematical Ability									
Problem Solving Ability									
Maturity									
Personal Integrity/Ethics									
Motivations									
Interpersonal Skills									
Creativity and Innovation									
Signature				Date					
First Name			Last Name				Title		
Institution			Phone	e E-mail					
Address									
Address									

Please SEAL and SIGN the envelop, and return to THE FINANCIAL ENGINEERING PROGRAM: 10TH FLOOR, MAHITARADHIBERSA BUILDING, DEPARTMENT OF BANKING AND FINANCE, FACULTY OF COMMERCE AND ACCOUNTANCY, CHULALONGKORN UNIVERSITY, PHAYATHAI ROAD, PATUMWAN, BANGKOK 10330, THAILAND. Alternatively, you may return it to the applicant.