



# ENOCH UNIVERSITY

3700 Wilshire Blvd. Suite 459 Los Angeles, CA90010  
Tel: 213-999-7718 Fax: 213-797-5565 Cell: 213-215-2727  
President: Rev. Dr. Peter B. Hyun E: nyveshua@yahoo.com

## LETTER OF RECOMMENDATION / 추천서

### TO THE APPLICANT 신청자에게

Complete the information below and give this form to your recommender.

아래 항목을 기입한 후, 이 양식을 추천인에게 드리십시오.

Applicant's Name 신청자 이름: \_\_\_\_\_

Applied Academic Program 희망 학위 과정: \_\_\_\_\_

In accordance with provision of the Federal Education and Privacy Act of 1974, enrolled students have the right to see their letters of recommendation unless they explicitly waive that right.

연방교육법 제 1974 조의 의거하여, 입학이 허락된 학생은 자신의 권리를 포기하지 않는 한, 자신에 대한 추천서들을 열람할 수 있는 권리를 가지고 있습니다.

☐ I waive my right of access to this recommendation. 나는 이 추천서를 열람할 수 있는 권리를 포기합니다.

☐ I do not waive my right of access to this recommendation. 나는 이 권리를 포기하지 않습니다.

Applicant's Signature 신청자 서명: \_\_\_\_\_ Date 날짜: \_\_\_\_\_

### TO THE RECOMMENDER 추천인에게

Please respond on this form, and seal it in an envelope along with this form, sign your name on the envelope flap, and return the sealed envelope to the applicant who will include it along with other application materials to be sent to the Office of Admission of Enoch University.

이 양식에 따라 완성하신 후, 봉투에 넣어 추천인의 서명으로 봉투를 밀봉한 다음, 신청자에게 되돌려 주시면, 신청자는 다른 서류와 함께 에녹대학교로 우송할 것입니다.

Name of Recommender 추천인 이름: \_\_\_\_\_ Position 지위: \_\_\_\_\_

Institution & Address 직장 주소: \_\_\_\_\_

Daytime Phone Number 연락전화: \_\_\_\_\_

1. How long and in what relationship have you known the applicant?

2. Please evaluate his or her intellectual and personal capacities (e.g., independence and clarity of thinking, work habits, initiative, handling relationship with other people).

3. In your estimation, what special gifts or talents would this applicant contribute to the life of the university community while studying here?

4. Other Remarks.

Recommender's Signature 추천인 서명: \_\_\_\_\_ Date 날자: \_\_\_\_\_