[여기에 입력]

Attachment #2 Letter of Recommendation

Letter of Recommendation

This form should be given to a professor under whom you have studied and who is able to comment on your qualifications for study at Chosun University. If you are a graduate of Chosun University, you do not need to submit this.

Applicant's name: _____

To the academic advisor:

This form is submitted to you for your opinion on the applicant's qualifications for study at Chosun University. Your Information will be treated as confidential.

Name: _____

Position: _____

Department: _____

University: _____

Date: _____/_____/_____ Signature: _____

Month Date Year