

SAMPOERNA SCHOOL OF BUSINESS REFERENCE FORM



This section is to be filled in by the applicant.

Applicants must complete this section before forwarding the form to the referrers.

IMPORTANT	<ol style="list-style-type: none"> 1. Sampoerna School of Business requires written evaluations from at least two (2) referrers. 2. Referrers may not be members of your family or close relatives. 3. You may obtain references or recommendations from any two of the followings: <ol style="list-style-type: none"> a. <i>Head Master</i> b. <i>Teacher</i> 4. You should forward a copy of this form to each referrer, along with a self-addressed (with your address), stamped envelope. (The form can be photocopied or printed). 5. You must ask the referrer to seal his / her completed Reference Form in the envelope and return it to you. You will then forward the envelope <u>unopened</u> to Sampoerna School of Business along with your Application Form. 	
PERSONAL INFORMATION	FULL NAME	
	GENDER	<input type="checkbox"/> Male <input type="checkbox"/> Female
	ID NO. (KTP/Passport)	
	PLACE/DATE OF BIRTH	
	TELEPHONE	Home <input type="text"/> Mobile <input type="text"/>
	E-MAIL	
	MAILING ADDRESS Address: <input type="text"/> City: <input type="text"/> Province: <input type="text"/> Postal Code: <input type="text"/>	
<p><i>This Section is to be filled by Sampoerna School of Business officer.</i></p>		
A.	Registered as applicant	<input type="checkbox"/> Yes <input type="checkbox"/> No
B.	Registration number	<input type="text"/>

This section is to be filled by the referrer.

Thank you for taking the time to write on behalf of this applicant. We appreciate your evaluation on the applicant's character and personal qualities in comparison with other students/employees in your school/firm. We would appreciate your answering the questions in the appropriate spaces below. Please return this form to the applicant in a sealed envelope, with your signature across the seal. (Please retain a copy of this form for your files).

		NO BASIS FOR JUDGEMENT	BELOW AVERAGE	AVERAGE	ABOVE AVERAGE	EXCELLENT
PERSONAL QUALITIES	General intelligence / Intellectual Promise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Motivation / Persistence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Independence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Leadership / Organizational Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Adaptability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Stress Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Sense of Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Warmth of Personality / Altruism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Concern for others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Tolerance toward Differences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Willingness to participate in academic activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Respect of classmates / colleagues / faculty member	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Communication Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	LEVEL OF COMMAND OF ENGLISH					
	Speaking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FINANCIAL/ECONOMY BACKGROUND	How would you say about the applicant's financial/economy situation?					

	<p>How would you recommend this applicant to receive the Financial Assistance from Sampoerna School of Business?</p> <p><input type="checkbox"/> Strongly recommend</p> <p><input type="checkbox"/> Recommend</p> <p><input type="checkbox"/> Do not recommend</p> <p><input type="checkbox"/> No basis for judgment</p> <p>This report is based on:</p> <p><input type="checkbox"/> Personal contact</p> <p><input type="checkbox"/> School/firm records</p> <p><input type="checkbox"/> Conversation with other lecturers/colleagues</p> <p><input type="checkbox"/> All of the above</p> <p>How long have you known this applicant? _____ Years/months</p>
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Please write (in the space provided or on a separate sheet) any comments that you think would be helpful in assessing the candidate's personal and academic qualities, and financial/economic background. We are most interested in learning about his or her concern on social issues, intellectual curiosity, and enthusiasm for learning, character, and potential for growth. Please feel free to include any outstanding accomplishments or personal circumstances that distinguish this applicant from others. Your frankness will be appreciated.

RECOMMENDATION	
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REFERRER INFORMATION	I do hereby certify that I know the above named applicant and have fairly evaluated his / her traits as stated above.	
	FULL NAME	
	RELATION TO APPLICANT	
	INSTITUTION/SCHOOL/FIRM NAME	
	POSITION	
	TELEPHONE	
	E-MAIL	
	ADDRESS	Address: City: Province: Postal Code:
I am willing to be contacted directly by Sampoerna School of Business should further background on this candidate be required. <input type="checkbox"/> Yes <input type="checkbox"/> No		
_____	_____	
DATE	SIGNATURE	

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	Independence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Leadership / Organizational Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	_____	_____
DATE	SIGNATURE	