

**SPECIFICALLY FOR  
DOCTORAL PROGRAM APPLICANTS**

**RECOMMENDATION FOR  
DOCTORAL PROGRAM CANDIDATE\*  
UNIVERSITAS INDONESIA**

- This recommendation will be uploaded by the Doctoral Program applicant into the new student admission system at <http://penerimaan.ui.ac.id> as one of the required supporting documents.
- To the person providing this recommendation, please send the completed form to the email address [pascahi@ui.ac.id](mailto:pascahi@ui.ac.id) cc: [doktoralhi@ui.ac.id](mailto:doktoralhi@ui.ac.id)
- Terms and conditions for the recommender are based on the requirements of the study program.

1. Candidate's Name: \_\_\_\_\_

2. How long have you known the candidate, and in what capacity/relationship?

3. In your opinion, what are the candidate's main strengths/capabilities?

4. In your opinion, what are the candidate's main weaknesses/shortcomings?

5. In your opinion, to what extent has the candidate thought about, planned, and prepared themselves to pursue the Doctoral Program?

6. How would you rate the candidate?

Mark ( ✓ ) in the box provided

Description	Outstanding	Excellent	Good	Average	Below Average
a. Intellectual ability					
b. Diligence in study/work					
c. Ability to manage and use time					
d. Proficiency in English or other foreign languages					

**Recommender:**

NAME : \_\_\_\_\_

POSITION : \_\_\_\_\_

ADDRESS : \_\_\_\_\_

TELEPHONE : \_\_\_\_\_

DATE : \_\_\_\_\_

SIGNATURE : 

\* The candidate may reproduce copies of this recommendation form as needed.