



LETTER OF RECOMMENDATION

Applicant's Information

Applicant's Name: \_\_\_\_\_
NIM: \_\_\_\_\_
Major: \_\_\_\_\_
Department/Faculty: \_\_\_\_\_

Referee's Information

Full Name: Mr./Mrs./Ms. \_\_\_\_\_
Position/Title: \_\_\_\_\_
Address: \_\_\_\_\_
Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_
Email: \_\_\_\_\_

People Innovation Excellence

- 1. How long and in what capacity have you known the applicant?
2. What are the strengths of the applicant?
3. What are some areas the applicant can strive to improve on?
4. Share your opinion in regards to how this program can benefit the applicant.

Date: \_\_\_\_\_

Referee's Name and Signature

(Please note that this recommendation is confidential and particular. Please send the recommendation directly to Ms. Debby Sonita Lubis dlubis@binus.edu for SHARE application purpose only.)



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