



**MONGOLIA INTERNATIONAL
UNIVERSITY**

Admission Affairs Office,
13th khoroo, Bayanzurkh District,
Ulaanbaatar, Mongolia
+976-7000-7447
admission@miu.edu.mn

FORM 3: LETTER OF RECOMMENDATION

**Undergraduate Program
International Admissions**

Applicant's Name		Application No.	(office only)
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* Please TYPE or PRINT in *English* to complete this form.

PART 1: TO BE FILLED BY THE APPLICANT

Fill out Part 1 of the recommendation, and then have your recommender to complete Part 2.

Name on the Passport : _____
(Given Name) (Family Name)

Date of Birth: _____ (DD/MM/YYYY) E-mail: _____

Contact Number (with country code): _____ Country of High School/Secondary Education: _____

Name of High School / Type of Secondary Education (or General Equivalency Diploma) : _____

I, _____, request that this recommendation letter be used only for the admissions process and I

- i. voluntarily waive my right of access to any information contained within;
- ii. take full responsibility for any falsity in submitted documents;
- iii. affirm that all contained information is true and complete.

Applicant's Signature: _____ Date (DD/MM/YYYY): _____

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**FORM 3 :
LETTER OF RECOMMENDATION**
Undergraduate Program
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Applicant's Name		Application No.	(office only)
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PART 2: TO BE FILLED BY THE RECOMMENDER:

We would appreciate your opinion of _____, an applicant for MIU admission. We seek the comments of officials who know the applicant well and who may be able to provide insights into the applicant's character, personality, and abilities. Please be candid in your commentary and as comprehensive as possible in your description of the applicant's qualifications. We will not evaluate the candidate's application until your recommendation is received.

OPTION 1) Please directly email to Admission Affairs office (admission@miu.edu.mn)

OPTION 2) Please seal and send the letter directly to the address below;

*Mongolia International University, 13th khoroo, Bayanzurkh District,
Postbox 252, Post Office No. 51, Ulaanbaatar, Mongolia
+976-7000-7447*

Recommender's Name: _____ Position: _____

E-mail: _____ Contact Number (with country code): _____

Relationship with the applicant: _____ How long have you known this applicant? _____

Recommender's Signature: _____ Date (DD/MM/YYYY): _____



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1. Please assess the applicant's qualities by checking the most appropriate box for each item listed below.

Compared to other students, how do you rate this student in terms of;

Qualities	N/A	Poor	Below average	Average	Good (Top 5-10%)	Excellent (Top 1-5%)	Exceptional (Within top 1%)
Academic Motivation							
Academic Potential							
Spoken English							
Written English							
Classroom Attitude							
Leadership Ability							
Concerns for Others							
Respects for Differences							
Independence							
Sense of Responsibility							

