

## Transcendental Meditation Teacher Recommendation Form

This form is required for applicants who have learned the Transcendental Meditation program. Please complete the top portion, and then give the form to a teacher of the Transcendental Meditation program—your instructor *or* another teacher of the TM technique—who is not related to you, to complete the remainder. You or your teacher must then submit the form to Maharishi University of Management. **NOTE: If you are from India, please use the "Transcendental Meditation Teacher Recommendation Form for Residents of INDIA."**

### PART 1: APPLICANT INFORMATION (to be completed by the applicant)

Name (For applicants from outside the United States: please enter your name exactly as it appears on your passport):

.....  
GIVEN NAME (FIRST NAME) MIDDLE NAME, IF ANY FAMILY NAME (SURNAME) FORMER OR MAIDEN NAME(S), IF ANY

Address: .....

Degree for which you are applying:  Undergraduate  M.S. in Computer Science  Master's  Ph.D.  Other

When were you instructed in the Transcendental Meditation program? Month ..... Day ..... Year .....

Course location ..... Instructor's name .....

Have you been instructed in the TM-Sidhi program?  Yes  No If yes, please indicate:

Course dates (from/to) ..... Course location .....

Are you a teacher of the Transcendental Meditation program?  Yes  No If yes, please indicate:

Course dates (from/to) ..... Course location .....

Have you taken the 33-lesson SCI course?  Yes  No If yes, please indicate:

Course dates (from/to) ..... Course location .....

The Family Education Rights and Privacy Act (U.S.A.) permits us to request, but not require, that you waive your right to inspect the evaluation. If you elect to waive your rights of access and review, please sign your name below.

.....  
SIGNATURE DATE: MONTH / DAY / YEAR

### PART 2: TEACHER RECOMMENDATION (to be completed by a TM teacher)

The Director of Admissions appreciates your evaluation of this applicant. Please answer as specifically as possible, since it will help greatly in evaluating the applicant for admission to Maharishi University of Management. Note that if the applicant's signature does not appear above, then the applicant has the right to review your evaluation under the Family Education Rights and Privacy Act (U.S.A).

1. How long have you known the applicant? ..... 2. What is your affiliation with the applicant? .....

3. When did you last meet with the applicant? ..... / ..... / ..... 4. Date of checking applicant's meditation: ..... / ..... / .....  
MONTH / DAY / YEAR MONTH / DAY / YEAR

5. Please rate the applicant on the characteristics listed below. Consider each item separately and carefully.

	<i>Yes</i>	<i>No</i>		<i>Excellent</i>	<i>Good</i>	<i>Fair</i>	<i>Below Average</i>
Regularity of practice	<input type="checkbox"/>	<input type="checkbox"/>	Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoothness of Meditation	<input type="checkbox"/>	<input type="checkbox"/>	Appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Please comment on any ratings other than "Yes" or "Excellent" and make any further comments: .....

7.  I recommend       I recommend with reservations       I do not recommend  
 this applicant for acceptance at Maharishi University of Management.

8. Two signatures should appear below: 1) The signature of the recommending teacher, who should not be related to the applicant; 2) the signature of the local TM Center Administrator, who should not be related to the recommending teacher.

1) .....	/ /		/ /
SIGNATURE OF RECOMMENDING TEACHER	NAME (PLEASE PRINT)	TELEPHONE	DATE:MONTH/DAY/YEAR
Teacher's address: .....			
STREET	CITY	STATE/PROVINCE	POSTAL CODE
Please check if you are currently on faculty or staff at <input type="checkbox"/> M.U.M. or <input type="checkbox"/> MSAE.			

2) .....	/ /		/ /
SIGNATURE OF TM CENTER ADMINISTRATOR	NAME (PLEASE PRINT)	TELEPHONE	DATE:MONTH/DAY/YEAR
TM Center address: .....			
STREET	CITY	STATE/PROVINCE	POSTAL CODE
Please check if you are currently on faculty or staff at <input type="checkbox"/> M.U.M. or <input type="checkbox"/> MSAE.			

**When the form is completed, please do the following:**

*For applications to the M.S. in Computer Science:*

**First**, e-mail the form as an attachment to [coop\\_dir@mum.edu](mailto:coop_dir@mum.edu)  
 OR fax it to 641-472-1103.  
**Then** return the original form to the applicant in a sealed envelope  
 OR mail it to Computer Science Admissions, Maharishi University  
 of Management, Fairfield, IA 52557.

*For applications to all other programs:*

**First**, e-mail the form as an attachment to [admissions@mum.edu](mailto:admissions@mum.edu)  
 OR fax it to 641-472-1179.  
**Then** return the original form to the applicant in a sealed envelope  
 OR mail it to Office of Admissions, Maharishi University of  
 Management, Fairfield, IA 52557.

**IF THE APPLICANT IS APPLYING FROM OUTSIDE THE UNITED STATES:** You must request verification from your National Course Office, either on this form or in a separate document. Please choose one option:

**Option A:**  I have requested my National Course Office to submit the answers to part 3 of this form (below) directly to Maharishi University of Management:

/ /			
DATE OF REQUEST: MONTH / DAY / YEAR	NAME OF NATIONAL LEADER	LOCATION	TELEPHONE

**Option B:**  The National Course Office has completed and signed part 3 on this form (below).

**PART 3: NATIONAL COURSE OFFICE VERIFICATION (required if applicant is applying from outside the US)**

Thank you for taking the time to verify this applicant's instruction in the Transcendental Meditation or TM-Sidhi program. If the applicant has been instructed in the TM-Sidhi program, it is not necessary to verify the applicant's instruction in the TM program.

I verify this applicant's instruction       in the Transcendental Meditation program       in the TM-Sidhi program

Date of instruction: Month ..... Day ..... Year ..... Course Location .....

I do     I do not      recommend this applicant for acceptance at Maharishi University of Management.

I do     I do not      recommend this applicant for the next available TM-Sidhi course to be held at the University.

.....	/ /		/ /
SIGNATURE OF NATIONAL COURSE OFFICE	NAME (PLEASE PRINT)	TELEPHONE	DATE:MONTH/DAY/YEAR
ADDRESS: STREET			
CITY	STATE/PROVINCE	POSTAL CODE	COUNTRY