

Maharishi University of Management

Transcendental Meditation Teacher Recommendation Form for Residents of INDIA

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 not from India, please use the "Transcendental Meditation Teacher Recommendation Form."

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

Name (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 this 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 Instructor)

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: / /

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

Table with 4 columns: Characteristic, Yes, No, Excellent, Good, Fair, Below Average. Rows include Regularity of practice, Smoothness of Meditation, Maturity, Appearance.

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	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	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, the recommending teacher should do the following:

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

First, e-mail the scanned form as an attachment to: coop_dir@mum.edu OR fax it to 641-472-1103.
Then return the original form to the applicant for mailing OR mail it to: Computer Science Admissions, Maharishi University of Management, Fairfield, IA 52557, U.S.A.

For applications to all other programs:

First, e-mail the scanned form as an attachment to admissions@mum.edu OR fax it to 641-472-1179.
Then return the original form to the applicant for mailing OR mail it to: Office of Admissions, Maharishi University of Management, Fairfield, IA 52557, U.S.A.