Maharishi University of Management, Office of Admissions

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. Please 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):

_______________________________ ______________________ _____________________________ __________________________________
First Name (given name) Middle Name (if any) Last Name (family name, surname) Former or Maiden Name(s) (if any)

Address:

Street

City

State

Zip/Postal Code

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:

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 acknowledge with your name below:

______________________________________________

Print or type name          Date    Phone    Email address

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: _____/_____/_____

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

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Yes</th>
<th>No</th>
<th>Excellent</th>
<th>Good</th>
<th>Fair</th>
<th>Below Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regularity of practice</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Maturity</td>
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<td>Smoothness of Meditation</td>
<td>☐</td>
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<td>Appearance</td>
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</tr>
</tbody>
</table>

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

__________________________________________________________________________________________________________________________

7. ☐ I recommend ☐ I recommend with reservations this applicant for acceptance at Maharishi University of Management.

8. The signature of the recommending teacher, who should not be related to the applicant, should appear below:

Signature of Recommending Teacher Name (please print) Telephone Date

Address: __________________________________________________________

Street

City

State/Province

Zip/Postal Code

Please check if you are currently on faculty or staff at: ☐ MUM ☐ MSAE Email address: ____________________________

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