

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: ____/____/____
 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 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: _____