

Recommendation Form (Confidential)

Please fill this form in and send it directly to us by fax (+48 22 8220211 ext.521) or by e-mail (karol.grela@gmail.com) as soon as possible. Thank you in advance for your help.

Date:
Name of the candidate:
Period of association with this applicant:
Relationship to applicant at that time (teacher, advisor, employer, et)
Number of Ph.D. students supervised during your career:
Your name and position:
Institution:
Phone number:
E-mail:

Rate the applicant according to the following scale: 1 – outstanding, 2 – upper 10%, 3 – upper 25%, 4 – upper 50% and 5 – 50% lower of all your students.

	1	2	3	4	5
Academic record:					
Theoretical knowledge:					
Experimental ability:					
Motivation/Commitment:					
Creativity/Originality:					
Social and communication skills:					
Ability to work in team:					
Ability to work independently:					
Proficiency in English:					
Overall:					

Please include below your personal opinion on the applicant. We shall be grateful if you can point out his/her strong and weak characteristics (note: the text field will be automatically expanded with your writing).

Signature