**Recommendation Form**

**for**

**(Applicant’s Name)**

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| Referee’s Name:  Position:  Subject:  University:  Address:  E-mail: |

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| **1. Since when and in what capacity have you known the applicant?** |

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| **2. The applicant is/was among the best students (in %):**  ( ) 5% ( ) 10% ( ) 20% ( ) 30% ( ) 50% ( ) no assessment possible |

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| **3. How does the applicant stand out in academic and personal terms and how would you assess his/her potential?** |

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| **4. Of what significance is the aspired scholarship to the applicant’s academic and professional career and/or to his/her home institution?** |

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| **5. Additional information that could be of importance to the scholarship decision:** |

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| **6. Degree of approval/ recommendation**  ( ) Emphatic approval ( ) Approval ( ) Conditional approval |

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| Place and date | Referee’s Signature | Referee’s Stamp  or Seal of the University  (mandatory) |

P.s.1: This document must not exceed 02 (two) pages.

P.s.2: This document will not be accepted without signature and stamp.