

Surname, first name of applicant

Registration number, please leave blank

To the Referee,

The International Graduate School of Neuroscience (IGSN) at the Ruhr University Bochum offers an international doctorate programme in Neuroscience to qualified young scientists from all over the world. As part of the application to the programme applicants are asked to forward this letter to his/her referees.

We would be grateful if you could provide us with a reference on the applicant's academic and general suitability to undertake the programme in question. Please either send the reference directly to the IGSN (the address is given in the footnote) or return it to the applicant in a sealed envelope. We take this opportunity to thank you in advance for assisting us in the evaluation of the applicant.

REFERENCE REQUEST FORM

Name of Applicant

Surname, Forename(s)

Referee's Name

Surname, Forename(s)

Title / Position

/

Institution /Company

Postal Address

Telephone:

E-mail:

Fax:

Dates of association with this applicant (from ... to ...)

Position of referee at that time (teacher, advisor, etc.)

Please rate the applicant in comparison to other students with equivalent training

	Best in Class	Top 5%	Top 10%	Top 20%	Top 30%	Below 70%	Cannot assess
Theoretical knowledge	<input type="checkbox"/>						
Technical proficiency	<input type="checkbox"/>						
Analytical ability	<input type="checkbox"/>						
Ability to work independently	<input type="checkbox"/>						
Ability to work in a team	<input type="checkbox"/>						
Motivation/Commitment	<input type="checkbox"/>						
Ability to express self in writing	<input type="checkbox"/>						
Ability to express self verbally	<input type="checkbox"/>						
Creativity/Originality	<input type="checkbox"/>						
Flexibility	<input type="checkbox"/>						
Emotional stability and maturity	<input type="checkbox"/>						
Proficiency in English	<input type="checkbox"/>						
Overall Recommendation	<input type="checkbox"/>						

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The letter of recommendation is a key element in our evaluation of the candidate. Please give your impression of the applicant and comment specifically on his strengths and limitations for postgraduate study.

Place

Date

Signature

Please authenticate the completed form with an institution stamp. Thank you.