

## Letter of Recommendation Request

**Applicant's Name:** \_\_\_\_\_  
First Second Last

This student is applying for admission to graduate study at the MAINZ Graduate School of Excellence. Applicants are asked to forward this form to two referees who can provide us with an insightful assessment about the candidate's abilities to thrive in our program. Our selection system is highly competitive and we kindly ask you to give your frank opinion about the academic and personal qualities of the candidate. After filling this page, please comment specifically on the applicant's strengths and limitations for graduate study using your institutions letter paper bearing the applicant's full name, your signature and the seal of your institution. Both documents should then be submitted to us via email preferentially as PDF files.

1. How long and in what capacity have you known the applicant? \_\_\_\_\_

2. In what capacity have you known the applicant (supervisor, teacher etc.)? \_\_\_\_\_

3) Please rate the candidate's overall academic performance and promise relative to a representative group of students with a comparable level of education:

☐ Top 5% Exceptional      ☐ Top 15% Outstanding      ☐ Top 30% Very Good      ☐ Top 50% Good      ☐ Below Top 50%

4) Please rate the candidate according the following criteria using the given scale:

	Top5%	Top 15 %	Top 30%	Top 50%	Below Top50%	Unable to Judge
Theoretical Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Experimental Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work in a team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
English language skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Name of Referee:** \_\_\_\_\_  
First Second Last

Position of referee Institution (Name, Town, Country)

**Signature of Referee:** \_\_\_\_\_ **Date(dd/mm/yyyy):** \_\_\_\_\_