

LETTER OF RECOMMENDATION

Applicant's Name

First and Middle Name: _____ Family Name: _____

For the Referee

Thank you for your cooperation in providing a recommendation letter for the above applicant to the IMAT Master's Degree Program at Trier University of Applied Sciences – Environmental Campus Birkenfeld.

Please answer the following questions with as much details as possible.

Kindly email this letter to the IMAT Management Office via imat@umwelt-campus.de.

Thank you.

1. What is your relationship to the applicant and how long have you been acquainted?

2. What superior talents or character traits does the applicant possess? From your point of view, what areas should the applicant concentrate more on?

3. Is there anything you believe could limit the applicant's prospects of success at Trier University of Applied Sciences?



4. Please provide an evaluation of the applicant in terms of the qualities below by ticking the most appropriate box.

	Exceptional	Excellent	Above Average	Average	Below Average	Unable to Assess
Intellectual Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Analytical Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Judgment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity	<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"/>
Flexibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Work With Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Future Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Overall Recommendation:

- Strongly recommend
- Recommend
- Recommend with reservations
- Do not recommend

6. Other comments:

Name of Referee: _____
 Occupation: _____
 Name of Institution: _____
 Job Title: _____
 Email: _____
 Phone: _____

Date: _____

Signature: _____