UNIVERSITY OF ROME "TOR VERGATA" GRADUATE SCHOOL

Letter of Recommendation

Part 1 –Ap	plicant Info	rmation – A	applicant show	uld complete	e this part of	f the form.	
First Name							
Last (Family	y) Name						
Proposed Do	octoral Progran	n					
Date (dd/mn	n/yyyy)		/				
Signature				<u>-</u>			
Part 2 – Ro	ecommender	· Informatio	on – Recomm	ender shoul	d complete t	his part of the	form.
shared by th	e Department	with the appli	icant. Pease sea	ıl your recom	nendation and	plicant. The lett I sign across the r application ma	seal and cover
Last (Family	y) Name						
University o	or Institution					·	
Academic or	r professional	position					
How long ha	ave you knowr t?	1					
In what capa	acity?						
for Doctora	l Programs	whom you ha		nin the past te	n years. On the	nve recommende the scale below,	
	Exceptional (top 2%)	Excellent (top 5%)	Very Good (top 10%)	Good (top 25%)	Average (50%)	Poor (below 50%)	No basis for judgement
Academic Performance							
Intellectual Potential							
Creativity & Originality							
Motivation							

Please if possible, provide us with details on the applicant's personality, peculiar skills and potential research. Please use a separate sheet if necessary.	for
Notes:	
<u></u>	
Date/ Signature	