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 Program	n					
Date (dd/mn	n/yyyy)		//				
Signature							
Part 2 – Pr	rofessor Info	rmation – P	rofessor shou	ıld complete	this part of	the form.	
						plicant. The lett fax +39 06 7259	
First Name							
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		in the past te	n years. On the	nve recommende the scale below, p	
	(top 2%)	(top 5%)	(top 10%)	(top 25%)	(50%)	(below 50%)	judgement
Academic Performance							
Intellectual Potential							
Creativity & Originality							
Motivation							

f possible, please provide us with details on the applicant's personality, unique skills and potential for research Please use a separate sheet if necessary.	•
Notes:	
Date/ Signature	