Letter of Evaluation

PART I. TO BE COMPLE	TED BY THE APPLICAN	NT	
Name (Family Name, Fire	st name):		
Street Address:			
City, ZIP Code:			
E-Mail:			
Study Program:			
Date of Enrolment:			
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PART II. TO BE COMPLE	ETED BY THE EVALUAT	TOR	
Ranking of the applicant (
Overall Evaluation:			
		with confidence Recommend with reservation	□ Do not recommend
How long have you know	vn the applicant?		
In what capacity?			
□ Undergraduate	□ Graduate	□ Research Assistant	
□ Teaching Assistant	□ Employee	□ Other	
Further comments:			
	••••••		
	••••••		
Department and function: .			
Name and signature:		Date	

