

Letter of Recommendation for

Name of applicant: _____

Current semester of applicant: _____

Desired host university (1st priority): _____

To the referee

This is a two-page letter of recommendation form. Please return the completed form:

- Directly to the applicant in a **sealed envelope** to be forwarded to the Dean of Studies' Office,
- Or by post for the attention of Ms Barbara Moll c/o:
Medizinische Fakultät, Studiendekanat, Josef-Schneider-Str. 2/D7, 97080 Würzburg,
- Or scanned in and sent **by e-mail** to Ms Barbara Moll (moll_b@ukw.de)

1. I know the applicant:

from one of my courses

from some of my courses

through her/his involvement in my department

through exams only

I do not know the applicant

Other: _____

And have known the applicant since:

or for

2. Academic standing:

In comparison with other students who have had equivalent training, I would place this applicant in the (only one option may be selected):

Top 5%

Top 10%

Top 20%

Top 33%

Top 50%

50-100%


I cannot rate the applicant

3. Preparation of study abroad

Please rate the following aspects of preparation:	Excellent	Very good	Good	Above average	Average	Below Average	Insufficient
Academic quality of study plan							
Preparation and feasibility, time plan, commitment							
Research on host country							

Please select one of the options below which best describes the qualification of the applicant. Criteria for your evaluation should include: personal and academic motivation, convincing and suitable study plan related to curriculum, quality of preparation and research on the potential host university, personal extracurricular engagement, and social competencies. (Only one option may be selected)

5. Further comments you would like to share on the applicant



Area of responsibility

Dept. stamp/seal