

**1. APPLICANT'S INFORMATION**

<b>Name</b>		<b>Surname</b>		<b>Date of Birth</b>	
<b>Address</b>					
<b>Program Applied</b>			<b>Degree Applied</b>		
<input type="checkbox"/> Molecular Medicine			<input type="checkbox"/> Master's Degree <input type="checkbox"/> Doctorate		

**2. RECOMMENDER'S INFORMATION**

<b>Name</b>		<b>Surname</b>		<b>Occupation</b>	
<b>Employer</b>		<b>Phone</b>		<b>E-mail</b>	
<b>Address</b>					

**3. EVALUATION OF THE APPLICANT**

Please evaluate the applicant in the below and return this reference letter as soon as possible to the applicant in an envelope with your signature across the sealed flap. We appreciate your cooperation in evaluation of the candidate.

<b>How long have you known the applicant?</b>	<b>In what capacity have you known the applicant?</b>
<input type="checkbox"/> Less than 6 months <input type="checkbox"/> 6 months - 1year <input type="checkbox"/> 1-2 years	<input type="checkbox"/> 2-3 years <input type="checkbox"/> 3-4 years <input type="checkbox"/> More than 4 years

How does the applicant compare to others whom you have known so far in similar category?

	Top 5% Outstanding	Top 10% Excellent	Top 25% Above Average	Top 50% Average	Bottom 50% Below Average	Not Observed
Knowledge in discipline	<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"/>
Ability to work independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speaking Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to cooperate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Overall Evaluation</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**4. ADDITIONAL COMMENTS ON THE APPLICANT**

Please use this section or attach a separate letter if you would like to make additional comments on the applicant.

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<b>Name, Surname, Title</b>	<b>Date</b>	<b>Signature</b>
	... / ... / 20 ...	