# Recommendation Letter For a Master Program Candidate

## To be Filled by the one who is giving the reference

The information requested in this format is Confidential

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| ***Name and Last Name of the Candidate:*** | Click to enter the name and Last Name of the Candidate |  |
| ***Program which aims:*** | Choose a Program. |  |

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| ***I know the candidate as:*** | | | | |
| Teacher | Supervisor | | Tutor | Employee |
| Other: Enter your relation with the candidate. | | | | |
| ***I know the candidate since:*** | | Enter the number of Years. | | Years |

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| ***Make an objective classification of the candidate on the follow areas:*** | | | | | |
| **Area** | **Excellent** | **Over the Average** | **Average** | **Under the Average** | **UnKnow** |
| **Knowledge** |  |  |  |  |  |
| **Initiative y motivation** |  |  |  |  |  |
| **Autonomy** |  |  |  |  |  |
| **Perseverance** |  |  |  |  |  |
| **Knowledge Application** |  |  |  |  |  |
| **Critic and Analytic Skills** |  |  |  |  |  |
| **Planning and Complete Activities Skills** |  |  |  |  |  |
| **Interpersonal Skills** |  |  |  |  |  |
| **BrainPower** |  |  |  |  |  |
| **Teaching ability** |  |  |  |  |  |
| **investigative**  **skills** |  |  |  |  |  |
| **Oral Communication** |  |  |  |  |  |
| **Written Communication** |  |  |  |  |  |
| **Global Evaluation** |  |  |  |  |  |

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| **Do an objective evaluation of the candidate’s performance in the follow areas:** |
| **Does she/he match to the program which aims**  *(Take into account the personal factors, Knowledge and Skills)* |
| Click to write the evaluation. |
| **Mention the skills and performance of the candidate in the job** |
| Click to write the evaluation. |
| **From a general point of view, Which are the biggest talents and limitations of the candidate?** |
| Click to write the evaluation. |

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| ***Please. classify the candidate as program candidate which he/she wants to enter:*** | | | |
| Highly Recommended | Recommended | Not recommended | Unknown |
| ***Please, Classify the candidate for a scholarship:*** | | | |
| Highly Recommended | Recommended | Not Recommended | Unknown |

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| **Name of the Referrer:** | Click to enter the Name and Last Name who makes the reference |
| **e-mail:Institutional/WorkPersonal** | Click to type your email. |
| **Company:** | Click to type the Company Name |
| **Position:** | Click to enter the position |
| **Work Address:** | Click to enter the work Address |
| **Phone:** | Click to enter the phone number |
| **Fax:** | Click to enter the fax number |
| **Date:** | Click to enter the date. |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Sign of the Referrer:** | |

**Note:**The letters should be deliver in a sealed envelope with the required documentation in the registration process.