

Date

REFERENCE LETTER FORM

Name of Ph	nD Candidate								
Name of Re	feree								
Institution						Phone			
Address						Email			
City			ZIP	Code					
Country									
	ociation with th								
Duration of	fassociation wit	h the candidat	e [
As appropri	iate for graduate	e studies, the o	verall ability	of the ca	andidate is amo	ng the:			
ПТ	op 5 % To	op 10 %] Top 25 %	☐ Se	cond quarter	☐ Third	quarter	☐ Bottom quarter	
Letter of R	ecommendati	on							
Please give y	our opinion of th	e candidate con	sidering the	following	criteria: theoretica	al knowledge	e, analytical	thinking, interaction with collea	gues,
technical pro	oficiency, adaptab	ility/flexibility, n	notivation/co	mmitment	t, creativity/origin	ality, indepe	ndence, con	nmunication skills.	
Please								anned document as PDF file to	
	biotop.re	cruit@boku.ac.	at stating re	commend	ation and the na	me of the ca	andidate in	the header line.	

Signature