



**Recommendation Form** (to be completed online)

Last Name _____		First Name _____
<b>Referee:</b>	Last name _____	First name, Title _____
University Address: _____		
Email: _____		Tel.: _____

**Evaluation: (To be completed by referee. Information provided will be kept strictly confidential until a final decision is reached. Once done, this form will be destroyed.)**

In a group of one hundred people at the same academic/work level, with approximately the same amount of experience and training, how would you rate the candidate, based on the following criteria?

(highest 2% (outstanding) / highest 5% (excellent) / highest 10% (very good) / highest 20% (good) / highest 30% (average) / cannot answer)

**Motivation**

**Maturity and judgement**

**Analytical ability**

**Initiative and creativity**

**Ability for research**

**Writing skills**

**Oral skills**

**Overall appreciation**

**I have known the applicant for \_\_\_\_\_ years, as \_\_\_\_\_**

**Date \_\_\_\_\_**

**Signature \_\_\_\_\_**

Please print out, sign and send to:

UNIVERSITY OF ZURICH  
Admissions Office for  
Foreign Students  
Rämistrasse 71  
CH-8006 Zurich