Evaluation Letter

Integrated Research Training Group PhD Program

Name of referee:

Institute with postal address:

Position:

Phone:

E-mail:

Date:

Name of candidate:

How long have you known the candidate:

Professional relation-ship to the candidate:

Please evaluate the candidate with respect to the following criteria:

	Excellent (top 5%)	Very good (top 10%)	Good (top 20%)	Average	Below average	Unable to comment
Theoretical knowledge	☐	☐	☐	☐	☐	☐
Technical proficiency	☐	☐	☐	☐	☐	☐
Creativity/Originality	☐	☐	☐	☐	☐	☐
Ability to Organize Workload	☐	☐	☐	☐	☐	☐
Motivation/Commitment	☐	☐	☐	☐	☐	☐
Independence	☐	☐	☐	☐	☐	☐
Written Communication Skills	☐	☐	☐	☐	☐	☐
Verbal Communication Skills	☐	☐	☐	☐	☐	☐
Interaction with colleagues	☐	☐	☐	☐	☐	☐
Overall judgement	☐	☐	☐	☐	☐	☐

Comments on the candidate:

Date & Signature: