

Letter of Recommendation

Details of referee						
Title: Firs	First name: Surname:					
Email address:						
Current position:						
Institution name:						
Signature:	Date:					
Details of student (applicant)						
First name: Surname:						
Recommendation In what capacity have you known the student? How long have you known the student?						
Please compare the applicant with studen in the same field and with similar experience	(Top 5%)	Outstand- ing (Top 10 %)	Above Average (Top 25%)	Average (Middle)	Below Average (Lower 50%)	Limited Opportunity to Observe
Overall academic performance						
Ability to analyze a problem logically an formulate a solution	nd 🗌					
Ability to follow through complete projects, and meet deadlines	_					
Ability to work with otlers and within groups						

You may include a letter of recommendation with additional details on a separate sheet. Please submit this form, along with the letter of recommendation, by Sunday, 1 February 2026, at mcqst-summer@lmu-misu.de.

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