

Recommendation letter

Applicant

This form should be given to two (2) individual who are able to attest your ability for graduate study.

Full Name

Master's Degree

Doctor's Degree

Course Selection

The applicant asks the recommender to fill in this form for course selection purposes, according to the Notice, and sent it directly to the Selection Committee by e-mail: secex@oceanica.ufrj.br.

Recommendation

I have known the applicant for _____ years _____ months

Time you know the applicant

I have known the applicant

Undergraduate student Graduate student

Professor Others _____

Interaction with the applicant

Please, rate the applicant according to the characteristics:

Characteristics	Low	Average	Good	Excellent	No evaluation
Competency					
Knowledge					
Initiative					
Personal integrity					
Motivation					
Analytic thinking					
Academic potential					

Select one alternative for each characteristic

Use this space in case of additional comments

Additional comments

Not recommended Recommended with reservations Recommended Highly recommended

Overall endorsement

Name

Title

Institution

Signature

Place and date