



Graduate Studies in Theoretical Physics and Astrophysics at the University of Zurich

Letter of recommendation

Instruction to student: Please mail this form to referees

Instruction to referee: Please complete this form in English and mail it to:

phd@physik.unizh.ch

Graduate School Studies
Suzanne Wilde
Institute for Theoretical Physics
University Zurich
Winterthurerstrasse 190
CH-8057 Zürich, Switzerland
Fax: +41 44 635 5704

Referee (family name, first name)	
Institute	
Position	
Phone	
Fax	
e-mail	
Candidate (family name, first name)	
How long have you known the candidate?	
Professional relationship to candidate	

Please evaluate the candidate with respect to the following criteria:

(Scale: excellent = top 5%, very good = top 10%, good = top 30%)

	excellent	very good	good	average	below
Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Originality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Independence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Commitment to science	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Technical skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teamwork skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flexibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall judgment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For additional comments use second page

Signature:

Date (dd/mm/yy):

Additional comments:

