

Name of Candidate \_\_\_\_\_

**NOTE TO THE CANDIDATE:** Please include your first name, last name, nationality and date of birth. The letter must be completed by a University professor or a superior from within your profession, past or present, who knows you very well. It must then be returned to you, **so that it may be sent together with the application for admission.**

Candidate's first and last name (print) \_\_\_\_\_

Nationality \_\_\_\_\_

Date of birth \_\_\_\_\_

**The Admissions Office would be grateful for any information you may provide which will allow us to better evaluate the candidate's suitability for the programme. Such information will remain strictly confidential. Please return this form to the candidate.**

How long have you known the candidate? What is your connection to the candidate?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are the candidate's outstanding competencies?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are the candidate's most significant weaknesses?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you consider the candidate suitable for admission to a challenging program such as the Executive Master in Marketing & Sales?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# EMMS

# Reference letter

Name of Candidate \_\_\_\_\_

Please rate this candidate regarding the following traits:

	Excellent	Above average	Average	Below average
Team work	<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"/>
Goal oriented	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Potential to grow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please comment further on your evaluation and add any other information you think may be useful:

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Signed \_\_\_\_\_ Date \_\_\_\_\_

First and last name of referee (print) \_\_\_\_\_

Position held \_\_\_\_\_

Institution or Company \_\_\_\_\_

Address \_\_\_\_\_

Street

City

County/State/Province

Postal code

Country

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

e-mail \_\_\_\_\_