



Endorsement Form

Endorsement for:

Evaluator's Information

Name

University/Company

Address

Postal Code City Country

Phone Number E-Mail

Evaluation

How long, and in what capacity, have you known the applicant?

Please indicate your opinion of the applicant's ability and professional competence in comparison with other individuals whom you have known at similar stages of their careers.

	excellent	very good	good	average	no comment
Knowledge in his/her field	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to learn new matter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative and originality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation and seriousness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Open-mindedness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional stability and maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Ranking

Compared with other individuals I believe the applicant to be within the best 5% 10% 25% 50%

Please indicate your overall endorsement of the applicant:

Recommend highly **Recommend** **Recommend with reservation**

Comments

Please add any comments that will help evaluating the applicant's abilities and potential for success:

Date

Signature

Official Seal/Stamp