PhD Program Medical Research - International Health

CIHLMU Center for International Health

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# LETTER OF RECOMMENDATION

### A. To be Completed by the Applicant

Please fill in your name into this Word document and give one soft copy to each of the professors (or other adequate persons) who are well acquainted with your academic work and which you indicated as your referees in the application. Ask your referees to email the completed form from their official e-mail address to: [registration.cih@lrz.uni-muenchen.de](mailto:registration.cih@lrz.uni-muenchen.de).

**Deadline for the submission of all letters of recommendation is February 28, 2017.**

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| --- | --- | --- | --- |
| Application ID | Applicant’s Last Name (Family Name) | First Name (Given Name) | Middle Name (optional) |
|  |  |  |  |
|  | Applicant’s E-mail Address: |  |  |

### B. To be Completed by the Referee

The above mentioned candidate applies for a position in the PhD Program Medical Research - International Health at the CIHLMU Center for International Health. This is an *exceed* excellence program funded by the German Academic Exchange Service (DAAD) and the Federal Ministry for Economic Cooperation and Development (BMZ).

We would appreciate an account of your personal impression of the applicant’s intellectual ability, aptitude in research, professional skills, and his or her ability to carry on advanced studies and research. Please also comment on the applicant’s character and his or her capacity to adapt to a foreign culture. Please email the completed form from your official email address to: [registration.cih@lrz.uni-muenchen.de](mailto:registration.cih@lrz.uni-muenchen.de)

Please note that only letters arriving at our inbox until **the above stated deadline** can be taken into consideration.

In order to secure the genuine origin of this document, all referees will be contacted after submission, we kindly ask to excuse any inconvenience in this regard. In order to reduce barriers, this document is not protected. Nevertheless, any unauthorized changes in this template might lead to an exclusion of the candidate.

We sincerely appreciate the time and effort you take to complete this form. Thank you very much in advance!

|  |  |  |
| --- | --- | --- |
| Referee’s Last Name (Family Name) | First Name (Given Name) | Middle Name (optional) |
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| --- |
| Institution/University Name and Address |
|  |
| Referee’s Address (if possible, within the institution/ university) |
|  |
| Referee’s E-mail Address |
|  |
| Referee’s Telephone Number |
|  |
| Referee’s Position |
|  |

1. Among approximately       students I have known in comparable fields, I rank this student as follows (please mark **x**): Important: Only Letters containing this ranking can be accepted

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Exceptional (top 3%)  1 | Outstanding (top 10%)  2 | Very Good (top 20%)  3 | Good (top third)  4 | Somewhat above  average (top 50%)  5 | Below average  (bottom 50%)  6 |

2. How long and in which position have you known the applicant?

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3. Your Letter of Recommendation:

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|  |

We kindly ask to not exceed the text field space provided in this document.