



INTERNATIONAL CENTER FOR ADVANCED MEDITERRANEAN AGRONOMIC STUDIES

Mediterranean Agronomic Institute of Chania

PERSONAL REFERENCE FORM

Dear Applicant

Please ask an individual familiar with your educational and professional background to provide the information requested below and return it to this address:

Mediterranean Agronomic Institute of Chania, P.O. Box 85, GR 73100 Chania, Crete, Greece

To be Completed by the Applicant

Applicant's Name:

Last (Family)

Given

Father's name

Applicant's choice of discipline and option:

Confidential or Open file?

I grant permission for this letter of recommendation to be held in confidence by the Mediterranean Agronomic Institute of Chania.

I wish to have letters of reference available to me.

Signature of Applicant:

Date

To be Completed by the Referee

You may wish to make additional comments by letter. If you do, please attach it to this form so that the Institute may identify the applicant's choice for confidentiality. Please mail this recommendation directly to the Studies Coordinator (above).

Knowledge of applicant

The student enrolled in my class (es)

I was this student's major professor or undergraduate advisor

Although I have not taught or advised the applicant, I have known this person for _____ years

I supervised or directed the work of the applicant for _____ years

I do not know this individual well enough to evaluate

Scholastic evaluation

In comparison with other students in the same field who have the same amount of experience and training, I rate this person:

- Superior (Upper 5 percent)
- Very Good (Upper 10 percent)
- Good (Upper 25 percent)
- Average (Upper 50 percent)
- Below Average

Recommendation

Considering this student's academic record, special abilities, ambition and determination, please indicate your recommendation.

Postgraduate Specialisation Diploma

Master of Science Diploma

I recommend strongly for

I recommend for

I recommend with reservation

I cannot recommend for

Comments

Please add any comments which you feel will assist in evaluating the applicant's potential to pursue graduate studies.

_____ _____

Referee Information

Referee's Name: _____

Title: _____ Institution (if applicable) _____

Address: _____
Street and number City (or region) Postal code Country

Signature: _____ Date _____