



Request for Recommendation Faculty of Informatics

Please complete the application form in capital letters.

To the applicant

One form should
be given to each
recommender

First name(s)

Surname (Family name)

is an applicant for admission to the PhD program of the Faculty of Informatics at the Università della Svizzera italiana.

Please
sign and check
either option 1
or option 2.

1. I expressly waive any rights I might have to access this letter of recommendation. Doing so means that this letter of recommendation constitutes a private communication between the recommender and the University of Lugano.

Signature

Date

2. I retain any rights I might have to access this letter of recommendation.

Signature

Date

If neither option is indicated above or is left unsigned, then option (1) will hold.

**To the
recommender**

This form is intended solely for your convenience; its use is optional. Before you agree to submit a recommendation, whether on this form or on your own stationery, please review the applicant's decision about their rights to access the recommendation. We solicit your candid evaluation of the applicant's preparation for graduate study, range of abilities and accomplishments, and creative and intellectual promise. On the back of this form, or on your own stationery, please summarize your opinion of:

- a. the quality of the applicant's academic or creative achievements, including material not apparent on the official transcripts;
- b. the applicant's scholarly or creative potential and promise for advanced and original work;
- c. those aspects of the applicant's personality and character significant to graduate study; and
- d. the applicant's special skills and experience where demonstrated in an art, vocation, or profession.

We would appreciate knowing the extent of your contact with the applicant and any special opportunities you may have had to observe the applicant.

**Summary
Evaluation**

Compared with the _____ (number) students you have known in the past _____ years in their field at approximately the same level of training, this applicant would rank as indicated on the scales below, when evaluated for:

- | | | | | | | | |
|---|--------------------------|---------------------------|---------------------------|---------------------------|---------------------------|----------------------------|---------|
| a. Scholarly or creative achievement in Informatics | <input type="radio"/> 0% | <input type="radio"/> 20% | <input type="radio"/> 40% | <input type="radio"/> 60% | <input type="radio"/> 80% | <input type="radio"/> 100% | Highest |
| b. Promise or probability of success | <input type="radio"/> 0% | <input type="radio"/> 20% | <input type="radio"/> 40% | <input type="radio"/> 60% | <input type="radio"/> 80% | <input type="radio"/> 100% | Highest |

Recommender's Signature

Name Printed or Typed

Title

Address

Please return the completed form, duly signed, together with the necessary supporting documents, to the Administrative Office of the Faculty concerned.