CONFIDENTIAL LETTER OF REFERENCE
This letter of reference must be written by a professor under whom the applicant has studied or pursued research in the proposed field of study. This letter must be in Italian or English and must be signed, sealed and returned with the application form.

NAME OF APPLICANT:                                                                                   COUNTRY:

NAME OF REFEREE:________________________________________________________________________________________
TITLE_____________________________________________________________________________________________________
INSTITUTION ______________________________________________________________________________________________
CITY AND COUNTRY _______________________________________________________________________________________

1. HOW LONG HAVE YOU KNOWN THE APPLICANT? _______________________________________________________

2. IN WHAT CAPACITY HAVE YOU KNOWN THE APPLICANT? ________________________________________________
   (Ex. Teacher or Professor   Thesis Supervisor   Research Adviser   Other (Please specify) )

3. PLEASE PROVIDE A CANDID EVALUATION OF THE APPLICANT’S PAST PERFORMANCE AND ABILITY TO PURSUE AND SUCCESSFULLY COMPLETE A PhD PROGRAM OF STUDY IN THE PROPOSED FIELD. Your statement will be given considerable importance in reviewing this student’s application and should, therefore, be as complete and detailed as possible.
CONFIDENTIAL LETTER OF REFERENCE (Continued)

4. IN THIS RATING CHART, PLEASE EVALUATE THE APPLICANT IN COMPARISON WITH OTHER STUDENTS WHOM YOU HAVE KNOWN DURING YOUR PROFESSIONAL CAREER

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<th></th>
<th>Excellent</th>
<th>Very Good</th>
<th>Average</th>
<th>Below Average</th>
<th>Not Applicable</th>
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<tbody>
<tr>
<td>Intellectual ability</td>
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<td>Knowledge of field</td>
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<td>Motivation to pursue graduate study</td>
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<td>Potential for significant future contribution in field</td>
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NAME (print): __________________________________________________________

SIGNATURE: ___________________________________________________________ DATE: ____________________________