



Confidential

Applicant's Details

Family name	First name(s)
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Referee's Details

Family name		First name(s)	
Professional title		Organisation	
Street			
City	Postal code	Country	
Tel:	Fax:	e-mail:	

To the referee: We are really grateful for your comments on the suitability of the candidate for the IHU Postgraduate Programme. Your contribution in the evaluation of the candidate's application is of great importance. We assure you that the information in this form will be treated by the Admission Committee in the strictest confidence.

Please indicate your relationship to the candidate.

Professional Educational Personal

1. How long have you known the applicant and in what connection?

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2. What do you consider to be the applicant's major strengths and weaknesses?

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3. Please rank the applicant on the qualities listed below relative to other members of his or her peer group.

	Outstanding Top 5%	Excellent Top 10%	Very good Top 20%	Average	Below average	Not observed
Intellectual or Academic ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organisational Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
English Communication Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Please elaborate on the ratings you have assigned above and comment on how the applicant would contribute to the programme. If necessary, please continue on a separate sheet.

5. Please provide us with any additional information which you feel is relevant. If necessary, please continue on a separate sheet

Signature of referee _____

Date _____

Please return the completed reference form to the applicant in an envelope that is signed across the seal or return it directly to the following address:

International Hellenic University
Admissions Office
14th km Thessaloniki – N. Moudania
57001 Thermi
Greece
Tel./Fax: +30 2310 474 520