

Thrombo-inflammation in cardiovascular disease

Please complete this form electronically and send it as a PDF file to: info@ticardio.eu

Name of referee	
Institution	
Position	
Phone number	
Email address	
Candidate name:	

How well do you know the applicant?

- ☐ Very well
 ☐ Well
 ☐ Fairly well
 ☐ Little

For how long have you known the applicant?

- ☐ More than 3 years
 ☐ 1-3 years
 ☐ Less than 1 year

In what capacity do you know the applicant?

- ☐ Has worked in my lab/group

I have taught them in the following: ☐ Lecture or seminar ☐ Practical course
☐ Tutorial

- ☐ Other, please specify:

	Outstanding (top 5%)	Excellent (top 10%)	Very good (top 20%)	Good (top 40%)
Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lab skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organizational skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Independence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diligence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Team work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enthusiasm for project	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



REFERENCE LETTER

Please provide a brief assessment below regarding the candidate's abilities and their suitability for a position in a competitive PhD program.
