

# TICARDIO – Thrombo-inflammation in Cardiovascular Disease

## REFERENCE LETTER

Please complete this form and send it to us as a PDF file.

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"/>

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

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