

TICARDIO – Thrombo-inflammation in cardiovascular disease

REFERENCE LETTER

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"/>

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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.
