

Applicant Name (Title - Name - Last name).....

Master of Science Program in Service Design (International Program)

(For Applicant to fill)

Recommended by (Title - Name - Last name).....

Organization..... Post / Position.....

Telephone..... Facsimile..... Mobile.....

1.How long have you known this applicant?..... Years.....Months

2.In what status do you know this applicant.....

3.Please give your opinion concerning applicant's managerial ability and leadership.

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4.Please give your opinion concerning applicant's readiness and academic abilities.

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5.Do you think this Master program would be suitable for the applicant? Please explain.

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6.Please give your additional opinions upon the benefits in consideration of accepting applicants into this Graduate study program.

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(.....)

Recommended by

Date...../...../.....