



LETTER OF RECOMMENDATION

Dear Candidate,

Complete the personal data below with information about yourself and forward this letter of recommendation to a professor of your choice.

Name:	<input type="text"/>	Department:	<input type="text"/>
Course:	<input type="text"/>	Period:	<input type="text"/>
E-mail:	<input type="text"/>		

Dear Professor,

We would be grateful to have your evaluation of the candidate above, who intends to apply to an international program at an university with which PUC-Rio has an exchange agreement. If the space available is not sufficient for the reply, please use a separate sheet.

In order to guarantee the secrecy of the information provided, we ask you to submit this letter directly to the International Programs Central Coordination Office (CCCI): PUC-Rio/CCCI, Rua Marquês de São Vicente, 225 - Ed. Pe. Leonel Franca, 8o andar. E-mail: curtaccici@puc-rio.br

1. a) Do you know the candidate as your:

student at one subject
 student at more than one subject
 student under your orientation
 intern/trainee/ monitor
 others (describe):

b) Which course, which period and for how long?

c) For the purpose of this evaluation, do you feel that you know the candidate well?

2. What are your impressions regarding the candidate's intellectual capacity, his/her capacity for work and motivation? Do you think he/she has sufficient background and preparation for the proposed program?

3. What are your impressions in regard to the candidate's personality and maturity? Do you feel that his/her performance may be affected negatively by the fact that he/she will be in a strange, competitive and demanding environment, far from his/her home, family and friends?

4. How do you classify the candidate in relation to your other students?

Below average
 Average
 A little above average
 Good
 Superior
 Excellent
 Exceptional

5. Any other information that you seem convenient to provide in respect to the candidate will be of great assistance to us?

Professor data

Name:	<input type="text"/>	Title:	<input type="text"/>
Department:	<input type="text"/>	E-mail:	<input type="text"/>

I declare that the information above is legit, correct and updated. By choosing to submit this form electronically, I bind and legally obligate myself to the same extent as I would by signing my name on a printed paper version of this form.

Date:

Please forward to CCCI – Central Coordination for International Cooperation: <mailto:curtaccici@puc-rio.br>