



Pontifícia Universidade Católica  
do Rio de Janeiro

**LETTER OF RECOMMENDATION**  
**CENTRAL COORDINATION FOR INTERNACIONAL COOPERATION**

**Dear Candidate,**

Complete the items below with information about yourself and give this letter of recommendation to a professor of your choice, together with a copy of your academic transcript and study plan.

Name:

Enrollment N°:

Course:

Department:

**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 for your evaluation is not sufficient, please use the back of these pages or a separate one. In order to guarantee the confidentiality of the information provided, please, submit this letter directly to the Central Coordination for International Cooperation office – [mobility2@puc-rio.br](mailto:mobility2@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

Trainee / monitor

Others (describe):

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

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

2. a) What are your impressions regarding the candidate's intellectual capacity, his/her academic aptitude 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 family, friends and out of his/her comfort zone?

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

Exceptional     Excellent     Superior     Good     Average     Bellow average

5. Any other relevant information that you seem convenient to provide in respect to the candidate?

#### PROFESSOR DATA

Name:

Department:

Title:

PhD / ScD

Master / MA / MSc

Bachelor / BA / BSc

Other:

Academic Connection with PUC-Rio:

Full time Professor

Part time Professor

Other:

By choosing to submit this form electronically, I am aware that I assume the same responsibilities regarding the information presented here, and to the same extent and extent as if I had sent a printed paper version of this same document:

Date:

Signature:

Please forward this document to the Central Coordination for International Cooperation office – mobility2@puc-rio.br