



ALGANT Consortium

Université Bordeaux 1 – FR
Chennai Mathematical Institute – IN
Universiteit Leiden – NL
Università degli Studi di Milano - IT
Concordia University/CRM/ISM – CA
Università degli Studi di Padova – IT
Université Paris Sud 11 – FR



**ALGANT Erasmus Mundus Joint Doctorate programme
Reference Form**

To the Applicant:

All applicants should submit references from two persons; preferably, one academic reference from a professor or advisor. Under no circumstances should an applicant review or prepare a letter of reference.

You may copy this form.

To the Reference:

Thank you for assisting us in our admission process. We welcome references that provide relevant information that cannot be found elsewhere in the application materials or that can provide an insight into the applicant's abilities and suitability.

Applicant:

Last name:.....First/given:.....Other initials:.....

Applying for the ALGANT Erasmus Mundus Joint Doctorate programme.

Reference Address:

Last name:.....First/given:.....Other initials:.....

Street and number:.....

City:.....Postal code:.....

State:.....Country:.....

Phone number:.....

E-mail address:.....

How long have you known the candidate and in what capacity?

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We are interested in learning about the applicant's suitability for advanced studies, as well as his or her promise for success. We welcome your thoughts on the applicant's intellectual strengths and character. Please be as detailed and frank as possible. You may also use a separate letter (preferably on your own letterhead stationary) and attach it to this form.

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Please fill out the following table:

	Excellent	Above Average	Average	Below Average	Unable to Rate
Knowledge in area of specialisation
Ability to plan and carry out research/independent study
Analytical ability
Maturity
Motivation
Leadership potential
Social skills
Intercultural skills
Flexibility
Creativity
Oral communication skills
Written communication skills
Integrity

Please indicate whether you would recommend the applicant for the programme he/she applied for and why.

.....

Signature:.....

City, country:..... Date (dd/mm/yy):.....

The applicant should receive this form in a sealed and signed envelope. The applicant should send the recommendations together with the application to:

Prof. B. Erez
 Institut de Mathématiques
 Université Bordeaux 1
 351, cours de la Libération
 F-33405 Talence
 France
 Alternatively, please send this form separately to the above address.