

# RECOMMENDATION FORM INTAKE 2027

## Personal details of the Recommending Professor

|                        |  |
|------------------------|--|
| <b>Name</b>            |  |
| <b>First Name(s)</b>   |  |
| <b>Position/ Title</b> |  |
| <b>Institution</b>     |  |
| <b>Address</b>         |  |
| <b>Telephone</b>       |  |
| <b>Email</b>           |  |

## Personal details of the applicant

|                                               |  |
|-----------------------------------------------|--|
| <b>Name, First Name of the applicant</b>      |  |
| <b>How long have you known the applicant?</b> |  |



|                          |                          |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Motivation to pursue PhD | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|

**Do you recommend the candidate für admission to Graduate Center of DIW Berlin:**

|                                              |  |
|----------------------------------------------|--|
| I recommend the candidate very highly.       |  |
| I recommend the candidate.                   |  |
| I recommend the candidate with reservations. |  |
| I cannot recommend the candidate.            |  |

**DECLARATION:**

By submitting this document, I declare that all information given is complete and accurate.

This form must be submitted electronically.

|            |  |
|------------|--|
| Place:     |  |
| Date:      |  |
| Signature: |  |