# Reference Form

**Applicant's Name:**

**Referee's Relationship with the Applicant:**

Professor ☐ Employer ☐ Supervisor ☐ Other (specify below) ☐

**Please answer the following:**

1. How long have you known the applicant and in what capacity?

_____

2. Describe the applicant's strengths and weaknesses

_____

**Other comments on the applicant**

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## Applicant's Skills

**Please indicate the applicant's qualifications and potentials in his/her area of specialization.**

| | Exceptional | Excellent | Very Good | Good | Satisfactory | Poor |
|---|---|---|---|---|---|---|
| Motivation and perseverance | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Background and Knowledge | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Analytical capacity | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Teamwork capabilities | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| assurance in an international environment | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Emotional stability and maturity | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Overall assessment | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

# Shiraz University of Medical Sciences

## Reference Form

**Referee's Information**

| | | | |
|---|---|---|---|
| Name of the referee | | | |
| Title/position | | | |
| Place of work and Contact address | | | |
| Telephone | | Email | |

**Other comments on the applicant**

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*Please fill in the above form and send it to Shiraz University of Medical Sciences at gsia.sums.ac.ir

Date…… Signature…… Official stamp of the institution ……