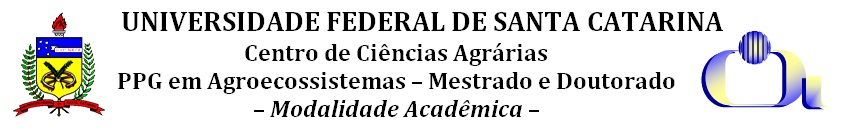
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**SELECTION PROCESS FOR ACADEMIC MASTER**

**(Edital 003/2015/PGA-CCA)**

**Recommendation Letter (confidential)**

**Dear Candidate**,

Please, fill out item "A" and pass this form on to a teacher or professional of your choice.

The recommendation letter should be **sent by the referee him/herself to the administration of the graduate program,** by mail (selecao.ppga@contato.ufsc.br), no later than **OCTOBER, 05, 2015**.

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| --- |
| 1. **Name of candidate:**   **Undergraduate in (Course/Institution):**  **Master (Course/Institution):** |
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| 1. I know the candidate since (year): as his/her: |
| ( ) undergraduate student  ( ) graduate student  ( ) other (please specify):\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ |

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| 2. In relation to the candidate, I have been his/her:  ( ) head of department  ( ) advisor  ( ) teacher of a course/ subject  ( ) teacher of various courses/ subjects  ( ) other (please specify):\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ |

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| --- | --- | --- | --- | --- | --- | --- |
| 3. We wish to have your opinion on the candidate. This information, strictly CONFIDENTIAL, is necessary so that we may evaluate the convenience of accepting the candidate as our student: | | | | | | |
| **Capacity** | **Excellent** | **Good** | **Regular** | **Not recommended** | **Not observed** |
| Motivation for advanced studies |  |  |  |  |  |
| Capacity for individual work |  |  |  |  |  |
| Written expression |  |  |  |  |  |
| Oral expression |  |  |  |  |  |
| Capacity for team work |  |  |  |  |  |
|  |  |  |  |  |  |

4. Overall, in comparison to other students, how would you classify the candidate?

( ) Weak ( ) among the top 40% ( ) among the top 20% ( ) among the top 5%

5. In the space below, please register any other information on the candidate you judge convenient or necessary to supply.

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6. Would you accept the candidate as your graduate student?

( ) definitely not ( ) yes, with reservations ( ) yes, without reservations

|  |  |
| --- | --- |
| Name of the referee: | |
| Degree: | |
| Institution: | |
| Department: | |
| Address: St., #: | |
| City/ State: | |
| Zip Code: | |
| E-mail: | Phone #: |

Referee signature: .....................................................................................................

**PLEASE SUBMIT THIS APPLICATION BY OCTOBER, 05th, 2015, DIRECTLY TO:**

|  |
| --- |
| **PROGRAMA DE PÓS-GRADUAÇÃO EM AGROECOSSISTEMAS**  **Centro de Ciências Agrárias**  **Universidade Federal de Santa Catarina**  **Rod. Admar Gonzaga, 1346 – Itacorubi –**  **88.034-001 - Florianópolis – SC – BRASIL**  **or by email:**  **e-mail: selecao.ppga@contato.ufsc.br**  **SUBJECT:** RECOMENDAÇÃO CANDIDATO MESTRADO ACADÊMICO |