****

**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**.

|  |
| --- |
| 1. **Name of candidate:**

**Undergraduate in (Course/Institution):****Master (Course/Institution):** |
|  |

|  |
| --- |
| 1. I know the candidate since (year): as his/her: |
|  ( ) undergraduate student ( ) graduate student ( ) other (please specify):\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ |

|  |
| --- |
| 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):\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_  |

|  |
| --- |
| 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.

|  |
| --- |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

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 |