# Reference Form

*Section to be filled out by applicant before passing it on to referee:*

**APPLICANT**

Family name/First name:

Address:

Telephone…………………………………………………………………………………………………………………………………..

Email:

Dear Referee,

The candidate named above has applied for admission to the PhD Program in Cancer and Immunology. Your completion of this confidential form will aid us greatly in the assessment of the application.

I. I have known the applicant for the period to in the following capacities:

 Instructor in lecture courses.

 Instructor in seminars/ tutorials

 Thesis or research supervisor

 Other (please specify) …………………………………………………

II. The box score rating below indicates my assessment of the applicant’s performance and potential

 (Score 1 to 10, 1 being the best)

| Theoretical knowledge |  |
| --- | --- |
| Oral  |  |
| Writing Skills |  |
| Technical ability |  |
| Capability to work ina team |  |
| Capability to face and overcome difficulties |  |
| Critical Skills |  |
| Dedication to work |  |
| Creativity/Originality |  |
| Spirit of independence |  |

III. Personal remarks

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Referee's Name:

Position:

Institution:

Telephone:

Fax:

E-mail:

Signature: Date: ………………………

**The completed form should be sent back via email or mail to :**

PhD Program in Cancer and Immunology
Administration Office
Department of Biochemistry (DB-UNIL)
Chemin des Boveresses 155
CH-1066 Epalinges
Switzerland

Email: Cancerimmunology@unil.ch