

**Reference Form**

**A - Fill in item A and ask a professor, or other professional who knows your work well, to fill up this form and mail it to POSMEC.**

Applicant full name: Clique aqui para preencher

# Program: **Pós-Graduação em Engenharia Mecânica**

Level: [ ]  Master [ ]  Doctorate

**B – Confidential information about the applicant:**

1. I know the applicant since month/year as:

[ ]  Undergraduate student [ ]  Graduate student

[ ]  Outer: Click here to specify

1. Regarding the applicant, I was your:

[ ]  Professor in one course. [ ]  Professor in more than one course.

[ ]  Adviser professor. [ ]  Department head.

[ ]  Other: Click here to specify

1. We asked your opinion about the candidate, who want to enroll in our Postgraduate Course. This information is CONFIDENTIAL and necessary to judge his/her suitability, capacity and initiative for advanced study and research. In comparison with other students who you had contact in the past five years, evaluate the applicant in the following categories:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|   | Excellent (5% superior) | Good(20% superior) | Mean(50% superior) | Below Mean | NotObserved |
| Intellectual capacity | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Advanced study motivation | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Individual work capacity | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Ability to communicate in writing | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Ability to communicate orally | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Global evaluation | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

4 – Does the applicant’s academic records accurately express his abilities?

[ ]  Yes [ ]  No

If not, please justify: Click here to justify

5 – Please give your opinion about the suitability and the applicant's ability for advanced study and research activities and the reasons for it:

Click here to express your opinion

6 – Would you recommend the applicant to be accepted in your own graduate program?

[ ]  Absolutely yes [ ]  Definitely not

[ ]  Yes, but with restrictions (justify below) [ ]  We have no comparable program.

Click here to justify

|  |
| --- |
| Informant’s name: Click here |
| University: Click here | Department: Click here |
| City: Click here | State/Country: Click here |
| Telephone: Click here | e-mail: Click here |

Signature:

**Please do not give this form to the applicant. Print it out and mail it directly to the:**

**Universidade Federal de Santa Catarina**

## Programa de Pós-Graduação em Engenharia Mecânica/CTC

Campus Universitário - Cx.P. 476 - Trindade

### CEP. 88040-900 - Florianópolis – SC

**Or digitize a signed version of this form and send it attached to an e-mail to** **referencia.posmec@gmail.com****. Please use the applicant’s name as subject.**