

**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’s full name: Clique aqui para preencher

# Program: **Graduate Program in Mechanical Engineering**

Level: ☐ Master’s degree ☐ Doctoral degree

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

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

☐ An undergraduate student ☐ A graduate student

☐ Other: Click here to specify

1. Regarding the applicant, I was his/her:

☐ Professor in one subject. ☐ Professor in more than one subject.

☐ Supervisor. ☐ Department head.

☐ Other: Click here to specify

1. We would like to ask your opinion about the applicant, who wishes to enroll in our Graduate program. This information is CONFIDENTIAL and necessary to judge his/her suitability, capacity and initiative for advanced studies and research. In comparison with other students with whom you have had contact in the past five years, please rate the applicant in terms of the following categories:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Excellent  (upper 5%) | Good  (upper 20%) | Average  (upper 50%) | Below Average | Not  Observed |
| Intellectual capacity | ☐ | ☐ | ☐ | ☐ | ☐ |
| Motivation for advanced studies | ☐ | ☐ | ☐ | ☐ | ☐ |
| Individual work capacity | ☐ | ☐ | ☐ | ☐ | ☐ |
| Ability to communicate in writing | ☐ | ☐ | ☐ | ☐ | ☐ |
| Ability to communicate orally | ☐ | ☐ | ☐ | ☐ | ☐ |
| Overall evaluation | ☐ | ☐ | ☐ | ☐ | ☐ |

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

☐ Yes ☐ No

If not, please justify: Click here to justify

5 – Please give your opinion about the applicants’ suitability and ability to pursue advanced studies 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 reservation (justify below) ☐ We have no comparable program.

Click here to justify

|  |  |
| --- | --- |
| Referee’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 email to: referencia.posmec@gmail.com. Please use the applicant’s name as subject.**