



RECOMMENDATION FORM FOR THE DOCTORAL PROGRAMME IN INFORMATICS

FACULTY OF INFORMATICS, MASARYK UNIVERSITY,
BRNO, CZECH REPUBLIC

Applicant

Mr.

Ms.

Name

Date of Birth

Recommender

Name of Recommender

Title or Position

Address

E-mail

Phone

Fax

Recommendation

The Admission Committee would appreciate your evaluation of the above-named applicant. On the back of this form, or on your institution's letterhead, please comment on student's intellectual ability, research aptitude, particular strengths and weaknesses, and any special talents or work experience. Please note how long you have known the applicant and in what capacity.

Return this form to the applicant in a signed, sealed envelope to be included with the application. If this is not possible, please return the completed form to:

FACULTY OF INFORMATICS
RESEARCH OFFICE
BOTANICKÁ 68A
602 00 BRNO
CZECH REPUBLIC

Signature

I certify that the information provided herein is accurate, original and completed to the best of my ability.

Signature of Recommender

Date