

Referee's Questionnaire

In Support of an application to the **M.Sc. BWL (Public and Non-Profit Management)** at the University of Freiburg, Germany

Please fill in and print the evaluation form below.

Applicant

Surname, first name

Referee

Surname, first name

Your university/
organisation/company

Your position

Subject areas in
which you teach/work

E-Mail / phone. Nr.

Only for academic referees: At your university what is the numerical grade range equal to? (e.g. 4.0 = excellent)

Excellent =	Good =	Average =	Poor =	Failing =
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Information about the Applicant

How long have you known the applicant?

In what capacity/function?

Evaluation Form

Please describe the applicant's performance in relationship to that of others you have known at a comparable stage of development by selecting the appropriate judgement

	Outstanding	Very good	Above Average	Average	Below average	Not observed
Intellectual creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Critical and analytical ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability for self reflection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative and motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to plan and complete work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

In your recent experience of students/employees at that level, how would you rank him/her (Tick one)	Upper 5%	Upper 10%	Upper 30%	Upper 50%	Lower 50%
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Referee's signature

Date

Official Stamp of University / Organisation / Company

Please return this form in a sealed envelope to the applicant or send/fax it directly to:

University of Freiburg
Dean's Office of Faculty of Economics and Behavioral Sciences
Platz der Alten Synagoge, D-79085 Freiburg / GERMANY

Fax ++49 (0)761 203 – 2303