



**UNIVERSITÀ DI PISA**

FULL TIME MRM

**Master in Risk Management**

**Reference letter form 2018**

**Reference letters must be sent to:**

MRM Admission Team  
Dipartimento di Economia e Management  
Via Ridolfi, 10 - 56124 Pisa  
Tel +39 050 2216222  
Fax +39 050 2210603  
E-mail: master.rm@unipi.it

**TO THE APPLICANT**

Surname/Family name: \_\_\_\_\_  
First name: \_\_\_\_\_  
Date of birth (dd/mm/yy): \_\_\_\_\_

**TO THE REFEREE**

Please answer the questions listed on this form and return it to the candidate in a sealed envelope with your signature across the seal.

Your comments will be an important contribution in assessing the applicant and will be treated with the strictest confidence.

Surname/Family name: \_\_\_\_\_  
First name: \_\_\_\_\_  
Organization \_\_\_\_\_ Title \_\_\_\_\_  
City: \_\_\_\_\_  
Country/State/Province: \_\_\_\_\_  
Postal code: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Fax \_\_\_\_\_ E-mail: \_\_\_\_\_

1. How long have you known the applicant and in what capacity?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. How do you rate the candidate on the following qualities :

|                                   | Outstanding<br>Top 5% | Excellent<br>Top 10% | Very good<br>Top 25% | Good<br>Top 40% | Average | Below<br>average | Not known |
|-----------------------------------|-----------------------|----------------------|----------------------|-----------------|---------|------------------|-----------|
| Intellectual<br>Academic ability  |                       |                      |                      |                 |         |                  |           |
| Oral<br>communication             |                       |                      |                      |                 |         |                  |           |
| Written<br>communication          |                       |                      |                      |                 |         |                  |           |
| Motivation/drive                  |                       |                      |                      |                 |         |                  |           |
| Creativity and<br>innovation      |                       |                      |                      |                 |         |                  |           |
| Enterprising<br>spirit/initiative |                       |                      |                      |                 |         |                  |           |
| Teamwork<br>ability               |                       |                      |                      |                 |         |                  |           |
| Autonomy                          |                       |                      |                      |                 |         |                  |           |
| Leadership                        |                       |                      |                      |                 |         |                  |           |

3. What do you consider to be the applicant's main strengths and weaknesses?

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4. What is your opinion of the applicant's suitability for the MRM program?

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5. Is there any information which you think is relevant?

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DATE\_\_\_\_\_

REFEREE'S SIGNATURE\_\_\_\_\_