



UNIVERSITÀ DI PISA

FULL TIME MRM

Master in Risk Management

Reference letter form

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

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

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

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

DATE _____

REFEREE'S SIGNATURE _____