



UNIVERSIDADE FEDERAL DE SANTA CATARINA
CENTRO DE CIÊNCIAS FÍSICAS E MATEMÁTICAS
PROGRAMA DE PÓS-GRADUAÇÃO EM MATEMÁTICA PURA E APLICADA
CAMPUS UNIVERSITÁRIO REITOR JOÃO DAVID FERREIRA LIMA - TRINDADE
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Graduate Program Recommendation Letter

PART A (Candidate, please, fill this part of the form and after deliver it to a professor of your choice).

Name of the candidate: _____
 Application to: MESTRADO DOUTORADO
 Student email _____

PART B

(To be completed by the recommender. The information will be considered confidential)
 Dear Professor, we want your opinion about the candidate to our Graduate Program. We ask you please to provide the information required below to help us judge if the the applicant deserves or not to be accepted in our masters or doctorate program. Please, send this letter directly to the Secretary of our program at the address above and by the e-mail: **ppgmtm@contato.ufsc.br**

1. I know the candidate since the year: _____ as:
- Student of undergraduate lectures of _____
 - Student of graduate lectures of _____
 - Advisor in _____
 - Other: _____

2. Please, qualify the candidate compared in relation to other students you know, as to:

	Well above average	Above average	Average	Below average	Very below average
Mathematical training					
Individual work capacity					
Intellectual capacity					
Motivation for Advanced Studies					
Creativity					
Initiative					

3. Please add any comments on the applicant's capabilities that may be relevant for their participation in academic activities related to the field of Mathematics. Use the back of this form if needed.

Name of Professor: _____
 Institution: _____ E-mail: _____
 Position : _____ Academic Degree: _____
 Institution and year of your Degree: _____
 Address: _____

Date: ____/____/____ Signature: _____