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| Descrição: C:\DOCUME~1\ADMINI~1\CONFIG~1\Temp\Rar$DR09.422\aplicacoes_ufmg\principal_completa3_ufmg.jpg | Graduate Program in Nuclear Sciences and Techniques – PCTN  Nuclear Engineering Department – Engineering School at UFMG  Av. Antônio Carlos, 6627, Pampulha, Belo Horizonte – MG, Brazil  ZIP CODE: 31.270-901  *www.nuclear.ufmg.br*  E-mail: [poscctn@nuclear.ufmg.br](mailto:poscctn@nuclear.ufmg.br) Fone: 55 (31) 3409-6666 | Descrição: Logotipo_Centenário_ Engenharia_ Fundo Branco.jpg |

Letters of recommendation are essential documents for the analysis and decision-making process of applications to the Graduate Program in Nuclear Sciences and Techniques (PCTN). Therefore, we request that the fields below be filled with accurate and objective information. This form should be sent **CONFIDENTIALLY** to the PCTN, email poscctn@nuclear.ufmg.br

**RECOMMENDATION LETTER (Doctoral Degree)**

* **Candidate Name:**
* **Type of activity that allowed you to interact with the candidate. During which period did you interact with him/her?**
* **Academic qualities of the candidate:**
* **Evaluate the candidate regarding the attributes listed below:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **QUALITIES** | **EXCELLENT** | **VERY GOOD** | **GOOD** | **FAIR** | **POOR** | **N/A** |
| Mastery in the field of knowledge |  |  |  |  |  |  |
| Ease of learning |  |  |  |  |  |  |
| Research aptitude |  |  |  |  |  |  |
| Initiative, originality |  |  |  |  |  |  |
| Ability in written expression |  |  |  |  |  |  |
| Attendance, perseverance |  |  |  |  |  |  |
| Relationships with colleagues and professors |  |  |  |  |  |  |

* **Your assessment of the candidate's aptitude for advanced studies and research.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Top 5% most qualified  (Excellent) |  | Top 10% most qualified  (Very Good) |  | Top 20% most qualified  (Good) |  | Top 50% most qualified  (Fair) |

* **Based on the candidate's overall performance, would you accept him/her as an advisor at the desired level?**
* **Any additional information you deem necessary to add**
* **Recommendation**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Strongly Recommended |  | Recommended |  | Recommended with reservations |  | Not Recommended |

|  |  |
| --- | --- |
| **Place and date** |  |
| **Name, title and institution** |  |

**Attention!** The letter of recommendation must include the name, signature, title, and institution of the issuer, and must be submitted sealed to the Secretary of the Graduate Program - PCTN. It can also be sent in PDF format directly to the email of PCTN (poscctn@nuclear.ufmg.br).