

**Recommendation Letter
 1st Semester of 2025**

Fill in item “A” and hand the form over to a professor of your choice.

A — Candidate Identification

Name:

Identification document number:

B — Confidential information about the candidate

Please, fill in the following information and send this form directly to the Master’s/Doctoral Degree Telecommunication Coordination — INATEL, at the address given at the end of this form.

1 - I know the candidate since the year _____ as a(n):

____ Undergraduate Student

____ Graduate Student

____ Other (specify):

2 - I was the candidate’s:

____ Course professor

____ Advisor

____ Boss

____ Other (specify): _____

3 - We would like to have your evaluation of the candidate that wishes to enroll in the Master’s/Doctoral degree course at this Institution. This information, considered classified, will be used to evaluate their admission request. Comparing with other students with which you have been in contact in the last five years, evaluate the candidate at the following categories:

	Excellent	Good	Average	Below Average
Intellectual ability				
Motivation for advanced studies				
Ability to work by himself or herself				
Ease for expressing himself or herself on speeches				
General evaluation				

4 — Would you accept the candidate in your own graduate course?

() Yes, unconditionally.

() No, for the following reasons (optional justification): _____

() Possibly, considering the following conditions (optional justification): _____

5 - Briefly state the candidate's characteristics you think enable him or her to enroll in a stricto sensu graduate program.

Professor's name: _____

Institution: _____ Department: _____

Address: _____

Zip code: _____ City: _____ State: _____

Telephone: _____ Fax: _____ E-mail: _____

Signature: _____

Send this form to:

INATEL

Coordenação do Curso de Mestrado/Doutorado em Telecomunicações

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