APPLICATION FOR EUROPEAN AMGEN SCHOLARSHIP (LETTER OF RECOMMENDATION)



| DETAILS OF REFEREE | | | | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|--------------------------|-------------------------------|---------------------|---------------------------------|-----------------------------------------|--|
| Title: | First name and middle initials: | | | Surname: | Surname: | | |
| Email address: | | | | | | | |
| Title of current po | ost: | | | | | | |
| Institution name: | | | | | | | |
| Signature*: | | | | Date: | | | |
| * Without a handwritten or official verifiable electronic signature this recommendation letter is invalid. DETAILS OF STUDENT (APPLICANT) | | | | | | | |
| Title: | First name a middle initia | | | Surname: | | | |
| In what capacity h | | | | | | | |
| Please compare the applicant with students in the same field and with similar experience. Please mark a rating. | Truly exceptional (Top 5%) | Outstanding (Top 10%) | Above Average (Top 25%) | Average (Middle) | Below Average (Lower 50%) | Inadequate Opportunity to Observe | |
| Overall academic performance | | | | | | | |
| Ability to analyze a problem logically and formulate a solution Ability to follow through, complete projects, and meet deadlines | | | | | | | |
| Ability to work with others and within groups | | | | | | | |
| English language skills (please select one): | Native speaker ☐ | | Fluent | Average□ | Proficiency no | ot known□ | |

On the second page please answer the questions regarding the applicant, attaching a separate sheet if needed. Should you wish to do so, these questions may instead be answered in a letter of recommendation format.

| 1. Please address the applicant's academic and research performance based upon your previous experience with the applicant. |
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| 2. At what intellectual level do you hold the applicant in reference to his/her peers? How would |
| you speak to the maturity level of the applicant? |
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| 3. How would you rate the applicant's potential to successfully conduct and complete an |
| independent research project? |
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| 4. To your knowledge, what is the applicant's commitment to a career in science? Can you say |
| anything to what his/her academic goals are? |
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| 5. Any additional comments about the applicant. |
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| Deadline for recommendation forms: nean GMT on 1st February 2024 |

Deadline for recommendation forms: noon GMT on 1st February 2024. PLEASE ENSURE YOU SUBMIT THE FORM TO THE CORRECT AMGEN SCHOLAR HOST SITE:

| University of Cambridge | Karolinska Institutet | | Ludwig-Maximilians-Universität München | | |
|-----------------------------------------------------------------|------------------------------|------------------------------------------------------|------------------------------------------------------------------------------------|--|--|
| amgenscholars@admin.cam.ac.uk | To be uploaded by the applic | | To be uploaded by the applicant, If confident e-mail to: amgenscholars@Imu-misu.de | | |
| Institute Paste | <u>eur</u> | ETH Zurich | | | |
| please upload your letter using the link provided in the e-mail | | | To be uploaded by the applicant. | | |
| please upload your letter dsirig the iii | ik provided in the e-mail | If confidential e-mail to: amgenscholars@akd.ethz.ch | | | |

Electronic signatures are accepted. Please use adobe acrobat reader to fill in the form and ensure that the data is visible in the document.