



## Reference Form

**A - Fill in item A and ask a professor or other professional who knows your work well, to fill up this form and mail it to POSMEC.**

Applicant's full name: [Clique aqui para preencher](#)

Program: **Graduate Program in Mechanical Engineering**

Level:  Master's degree  Doctoral degree

### B – Confidential information about the applicant:

1. I know the applicant since [month/year](#) as:

- An undergraduate student  A graduate student  
 Other: [Click here to specify](#)

2. Regarding the applicant, I was his/her:

- Professor in one subject.  Professor in more than one subject.  
 Supervisor.  Department head.  
 Other: [Click here to specify](#)

3. We would like to ask your opinion about the applicant, who wishes to enroll in our Graduate program. This information is **CONFIDENTIAL** and necessary to judge his/her suitability, capacity and initiative for advanced studies and research. In comparison with other students with whom you have had contact in the past five years, please rate the applicant in terms of the following categories:

	Excellent (upper 5%)	Good (upper 20%)	Average (upper 50%)	Below Average	Not Observed
Intellectual capacity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation for advanced studies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Individual work capacity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to communicate in writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to communicate orally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall evaluation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4 – Does the applicant's academic records accurately express his/her abilities?

Yes                       No

If not, please justify: [Click here to justify](#)

5 – Please give your opinion about the applicants' suitability and ability to pursue advanced studies and research activities and the reasons for it:

[Click here to express your opinion](#)

6 – Would you recommend the applicant to be accepted in your own graduate program?

Absolutely yes     Definitely not  
 Yes, but with reservation (justify below)       We have no comparable program.

[Click here to justify](#)

Referee's name: [Click here](#)

University: [Click here](#)

Department: [Click here](#)

City: [Click here](#)

State/Country: [Click here](#)

Telephone: [Click here](#)

E-mail: [Click here](#)

Signature:

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**Please do not give this form to the applicant. Print it out and mail it directly to the:**

**Universidade Federal de Santa Catarina**  
Programa de Pós-Graduação em Engenharia Mecânica/CTC  
Campus Universitário - Cx.P. 476 - Trindade  
CEP. 88040-900 - Florianópolis – SC

**Or digitize a signed version of this form and send it attached to an email to: [referencia.posmec@gmail.com](mailto:referencia.posmec@gmail.com). Please use the applicant's name as subject.**