

University of Würzburg
Institute for Psychology
ERASMUS+

CONFIDENTIAL

Application for ERASMUS +: Letter of Recommendation

Name of Applicant: _____

Field of Study: _____

Semester: _____

Name of desired Host University: _____

To the evaluator:

This is a two page letter of recommendation form. Please return the form to the applicant in a **sealed envelope** or via "Hauspost" to:

Prof. Dr. Wolfgang Lenhard
Erasmus Coordinator
Institute of Psychology
Room 02.130
Wittelsbacherplatz 1
D-97070 Würzburg

1. I know the applicant from the following courses or activities:

from the following courses
or exams: _____

through his or her engage-
ment at my department: _____

other (please specify): _____

In case of course based recommendations: How regular did the applicant attend the sessions of your courses? (please tick)

More than 75% of the
sessions

50% to 75% of the
sessions

25% to 50% of
the sessions

Less than 25% of the
sessions

2. Academic standing and preparation for the study abroad

(Please tick)	Excellent	Good	Average	Below Average	Insufficient
Overall academic performance	<input type="checkbox"/>				
Preparation and feasibility, time plan, commitment for the study abroad	<input type="checkbox"/>				

3. Final evaluation and comments about the applicant

Do you recommend, accepting the student for a study abroad? yes no

In case, you would like to share further comments on the student, please specify:

Evaluators name and area of responsibility:

Location, Date

Signature and seal