

**GSaME Graduate School of Excellence**  
**advanced Manufacturing Engineering in Stuttgart**  
**Letter of Recommendation for the Doctoral Program**

The dual scientific education system of GSaME with the corresponding study program is open to a limited number of extremely well-qualified students with substantial background in the research area of advanced Manufacturing Engineering. The Graduate School sets out to advance the interdisciplinary research cluster in the area of the Stuttgart Enterprise Model, digital und virtual engineering, material und process engineering, ICT for manufacturing, knowledge-based management, networking in manufacturing, intelligent production systems as well sustainability for manufacturing.

**Section A – to be completed by the applicant**

*With my signature I authorize the evaluation of these data for GSaME-internal purposes.*

|                                |  |  |                   |
|--------------------------------|--|--|-------------------|
| <b>Applicant's Name</b>        |  | <b>Proposed Study</b>  |                   |
| Last (family)                  |  | Research Topic   |                   |
| First (personal)               |  |  |                   |
| Title<br>(Mr/Mrs/Miss/Dr etc.) |  |  |                   |
| <b>Contact Details</b>         |  | <b>Applicant's Signature</b>                                     |                   |
| Email                          |  |  |                   |
| Telephone                      |  |  |                   |
| <b>Date of Birth</b>           |  | <b>Sex</b>   | <b>Signature</b>  |
| DD MM YYYY                     |  | <input type="checkbox"/> Male<br><input type="checkbox"/> Female |                   |
|                                |  |  | Date (DD/MM/YYYY) |

**Section B – to be completed by the referee**

|                        |  |                    |  |
|------------------------|--|--------------------|--|
| <b>Referee's Name</b>  |  | <b>Institution</b> |  |
| Name                   |  | Institution Name   |  |
| Position               |  | Dept./ Faculty     |  |
| <b>Contact Details</b> |  | <b>Telephone</b>   |  |
| Email                  |  |                    |  |
| Address                |  | City, Country      |  |

**Assessment**

1. Please indicate with a check mark your rating of the applicant in terms of the following attributes. The comparison group are:

- Graduating seniors       First-year graduate students       All students I have known
- Other: \_\_\_\_\_

| Criteria                | Outstanding |        | Above Average | Average | Below Average | Bottom | Unable to Assess |
|-------------------------|-------------|--------|---------------|---------|---------------|--------|------------------|
|                         | Top 2%      | Top 5% | Top 20%       | Top 30% | Top 50%       | 50%    |                  |
| Background Preparation  |             |        |               |         |               |        |                  |
| Research Potential      |             |        |               |         |               |        |                  |
| Intellectual Ability    |             |        |               |         |               |        |                  |
| Motivation/Perseverance |             |        |               |         |               |        |                  |
| Originality/Creativity  |             |        |               |         |               |        |                  |
| Teamwork Capacity       |             |        |               |         |               |        |                  |
| Oral Communication      |             |        |               |         |               |        |                  |
| Written Communication   |             |        |               |         |               |        |                  |

2. How long have you known the applicant and in what capacity?

3. Rank the applicant as a candidate for the doctoral program to which s/he is applying:

| Tick as appropriate                         | Comments |
|---|----------|
| <input type="checkbox"/> Highly Recommended |          |
| <input type="checkbox"/> Recommended        |          |
| <input type="checkbox"/> Doubtful           |          |
| <input type="checkbox"/> Unsuitable         |          |

4. Are the applicant's qualifications appropriate for the course of graduate study and research at GSaME? We welcome your comments on the suitability of the applicant for admission in the space below, but you are encouraged to attach an additional letter.

**Referee's Signature**

**Date (DD/MM/YYYY)**

*Please scan the signed document and attach it to your application documents online.*