



LETTER OF RECOMMENDATION

Master of Science in Computational Mechanics

A. To be Completed by the Applicant

Please fill in y work.	our nam	e, sign the torm,	and (give this form to	a pro	fessor or otne	r person	who is well acqua	iinte	ed with your academic
Family Name						First Name				
Signature of the A	Applicant					1			Mor	nth / Date / Year
B. To be	e Con	npleted by t	the	Referee					<u> </u>	
The person w	/hose na	ime appears abo	ve is	applying for ad				cience in Computa e of his recommend		al Mechanics (COME)
	o carry o									ofessional skill, and his her capacity to adapt
We thank you	for the t	ime and effort you	ı take	to complete thi	is form.	. If you have q	uestions	, please email to co	me@	@tum.de.
Last Name						First Name				
Institution/Univers	sity, Location	n				<u> </u>				
Address										
Position										
Signature									Mor	nth / Date / Year
1. Among app	roximate	ely students	l have	e known in comp	 oarable	fields, I rank t	his stude	ent as follows:	<u>I</u>	
Exceptional (top 3%)		Outstanding (top 10%)		Very Good (top 20%)		Good (top third)		Somewhat above average (top 50%))	Below average (bottom 50%)
	□ 1		□ 2		□ 3		□ 4] 5	□ 6
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4. Your Letter of Recommendation. Please attach your letter of recommendation for the applicant printed on your institute's letter-head.