**Confidential Referee Form: Masters in Architecture & Urban Planning**

**Dear Referee, Thank you for agreeing to serve as a referee for the Azrieli Fellowship Program.**

**Please attach to this form a letter of reference, providing an evaluation of the candidate's academic merit, originality, and creativity.** Both the form and the letter should be submitted by the referee directly to the administration of the nominating university or academic institution, within the time limit set by the institution. It is the candidate's responsibility to check with his/her university/institution regarding the deadline for submission of references and to which office, and to inform the referee of this information.

Name of Candidate\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Field of Study: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Academic institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please evaluate the candidate's abilities & performance, by checking the appropriate box below:

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Excellent** | **Very Good** | **Average** |
| Academic excellence |  |  |  |
| Originality |  |  |  |
| Research ability |  |  |  |
| Critical thinking & judgement |  |  |  |
| Independence |  |  |  |
| Perseverance |  |  |  |
| Communication skills |  |  |  |
| Leadership & interpersonal skills  |  |  |  |

If you were to compare the candidate with other students in the same field whom you have known at this stage of their career, how would you rate the candidate's *overall academic ability and promise for research?*  Please check the appropriate box:

|  |  |
| --- | --- |
| **Top 1% = Truly Exceptional** |  |
| **Top 5% = Excellent** |  |
| **Top 10% = Very Good** |  |
| **Top 15% = Good** |  |

Name & Position \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_