

Form for supervisor's letter of recommendationFirst name(s), surname
of applicant: _____

Address, postcode, town: _____

Telephone number: _____

E-mail: _____

Study start: Autumn Semester Spring Semester

Doctoral programme:

 PMA PEcon PiF DIA DOK DLS DCS**Supervisor's name:**
_____**Topic of the doctoral thesis (working title):**
The applicant is employed as a **member of the research staff:**

Institute / School: _____

Workload: _____% Employment from: _____ Employment until: _____

Job funded by: HSG funds Institute funds Sponsorship Other third-party funds SNSF

For students who are not employed as members of the research staff, detailed reasons for the recommendation have to be submitted (cf. supplementary sheet).

Date:

Supervisor's signature:

According to the decision of the President's Board and announcement in the Senate of 12 May 2014, the recommendation for an applicant who is not employed at the University of St.Gallen must be underpinned by detailed reasons (special contribution to the supervisor's research programme, candidate's particular suitability, etc.):

Date:

Supervisor's signature: