

Reference Form - Master of Science in International Health (MSc IH)

Referees – (former) employers - are kindly requested to complete the form below. Please return the form to the applicant or directly to the MSc Program Coordination: msc-ih@lrz.uni-muenchen.de

Please note that we can only accept scans (i.e. .pdf, .jpg, .png, .gif) with original or digital signatures of the referee. We cannot accept: Word documents, character or academic references.

Alternatively, references in the following format can be accepted:

Original hard copy or scan of a signed and dated reference on official, institutional letterhead (please attach your business card if you cannot use a letterhead) including all information as indicated below.

Information about the Referee			
Referee's full name:		Title:	
Company's name and address (Street, house number, post code, city, country):		Referee's email address:	
Referee's position:		Referee's telephone number:	
Information about the Applicant's Employment			
Applicant's first name:			
Applicant's last name:			
Applicant's position in the company:			
Start date of employment:		End date of employment:	
Type of employment (full time, part time):		Working hours per week (for part time employment only):	
In which capacity do/did you know the applicant (e.g. supervisor etc.)?		How long have you known the applicant?	
Please provide a brief overview of roles and responsibilities that the applicant holds/held in your company:			
Please give your brief assessment of the applicant's work performance in your company:			
I confirm that the above information is correct and that I have completed this form to the best of my knowledge.			
Place, Date (dd/mm/yyyy):		Referee's signature:	
Company's stamp/seal (if available):			