

APPLICATION NUMBER:	· ·	•			
ATTACHMENT 1A: F (To be filled out by your first r			N FORM	l	
Name of the recommender:					
Position:					
Area of Specialization:					
University / Company:					
Address:					
Email:					
As recommender, I hereby agree to the address by the Esslingen Graduate Schomy data will be treated confidentially at	ol for internal pu	rposes only. The Ess	lingen Graduate	School agrees that	
I know(name of applicant)		☐ well (si ☐ slightly	nce)
In my opinion, this student belongs to the top of 5% 10% 20% 30% students in his / her year.					
		☐ I am not in a	position to judge	2.	
	excellent (1)	very good (2)	good (3)	average (4)	poor (5)
analytical problem-solving ability					
innovation & creativity					
motivation					
ability to work with others					



•	omments on the applicant's academic and personal profile, as well as an d be important for the admission decision:
Final judgement: This student is:	
recommended without reservation	on
recommended	
recommended with reservation	
Date:	Recommender's signature:

Recommendations can only be accepted if they are stamped with an official university / company stamp, and sent with the recommender's signature and visiting card to ddm.application@hs-esslingen.de