

APPLICATION NUMBER: Applicant: Please fill in your Application top of the application summary PDF will be application summary PDF will be application summary PDF will be applied to the applied to the application summary PDF will be applied to the	-	•			
ATTACHMENT 1B: F (To be filled out by your recon		IENDATIO	N FORM		
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 a	ool 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 students in his / her year.	the top of	☐ 5% ☐ <b>10</b> %	% <u>□</u> 20% <u>□</u>	30%	
		☐ I am not in a	position to judg	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