STUDENT EVALUATION FORM

NOTE: The colleague signing this form is kindly asked to answer the following questions as comprehensively as possible, using extra sheets if necessary. Please return the form, either by ordinary mail or by e-mail, directly to Postgraduate in Applied Mathematics (Graduate Committee - Instituto de Matemática e Estatística - Universidade de São Paulo). All information provided will be considered confidential.

1. NAME OF CANDIDATE: ________________________________________________________

2. Intended Degree and Area:
   - Master
   - Doctor
   - Mathematics
   - Applied Mathematics
   - Statistics
   - Computer Science

3. How long have you known the candidate? __________________________________________

4. On what basis do you know the student?
   - Classes
   - Seminars
   - Supervision
   - Discussions
   - Other - please specify ________________________________________________________

5. Please give your opinion about the candidate, particularly on
   (a) his academic, professional and/or technical background;
   (b) his potential and possible performance (if admitted to the program).

6. Other information that you consider relevant.
7. Please indicate to which of the categories mentioned below the candidate belongs:

☐ top 10%  ☐ top 25%
☐ top 50%  ☐ none of these
☐ I am unable to provide this kind of information

8. Name: ______________________________________

Institution: ____________________________________

Position: _______________________________________

Highest academic degree obtained: __________________________

Year when this degree was obtained: _______________________

Institution from which this degree was obtained: _______________

Address for correspondence: ________________________________

9. Date: _____/_____/_____

Signature: _____________________________________________

Return to: CPG Postgraduate in Applied Mathematics - IME - USP
Rua do Matão, 1010
05508-090 - São Paulo – SP - Brazil
E-mail address: secccpmap@ime.usp.br
Phone: (55-11) 3091-6122