Stazione Zoologica “Anton Dohrn”

Villa Comunale

80121 Naples

ITALY

**Stazione Zoologica Anton Dohrn di Napoli**

**Open University**

***International Ph.D. Programme***

Naples, May 15th 2025

Dear Colleague,

We kindly ask you to take some time to write a frank evaluation of the student from whom you have received this form.

This assessment will be used by the SZN PhD selection commission to evaluate the student in a competitive manner.

We kindly ask you to forward your assessment to [phdszn@szn.it](mailto:phdszn@szn.it) **before June 14th 2025 h. 12.00** which is the closing date for applications, without giving it back to the student.

Your assessment will not be disclosed to the applicant unless you specifically indicate to do so.

Thank you in advance for your help

Yours sincerely,

Dr. Sabrina Carrella

PhD Program Coordinator

Stazione Zoologica “Anton Dohrn”

Villa Comunale

80121 Naples

ITALY

**Stazione Zoologica Anton Dohrn di Napoli**

**Open University**

***International Ph.D. Programme***

**CANDIDATE EVALUATION FORM**

Name of candidate

Name of referee

Title

Institution

Phone number

Institutional e-mail

Period of association with the candidate (dates)

Position at the time

(teacher, advisor, mentor, employer, etc.)

You rate the candidate in the top percentage of the students you have mentored so far (5% outstanding – 50% below average)

5% 25% 50%

Please give your opinion of the candidate considering the following criteria: theoretical knowledge, interaction with peers, adaptability/flexibility, technical proficiency, motivation/commitment, creativity/originality, independence, communication skills, command of English language (please continue on an extra page if necessary.):

Are you available to be contacted for further information about this candidate by phone or e-mail, if necessary? Please supply a telephone number in the case that you would be available.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(date) (name)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Institution)