Letter of Recommendation - MASHLM Application

Candidate

First Name	
Last Name	

Referee

First Name	
Last Name	
Position	
Organization	
Relationship with the candidate	
Since when do you know the candidate?	

Referee statement

What are the candidate's strengths?

What are the candidate's weaknesses or opportunity for improvements?

Why do you believe the candidate should participate in the program?

Date: _____ Place: _____

Signature:_____