



HELLENIC REPUBLIC

National and Kapodistrian
University of Athens

EST. 1837

SCHOOL OF HEALTH SCIENCES
DEPARTMENT OF MEDICINE

Post Graduate Program «Rehabilitation Following Spinal Cord Lesions.
Spinal Pain Management»



LETTER OF RECOMMEDATION

Student's Name: _____

To the evaluator:

The submission of an application for postgraduate studies in the Master's Program must be accompanied by evaluations from Professors or Researchers, who are able to judge objectively the academic and professional abilities and prospects of the candidate.

Please complete this form and send it by e-mail: scl@med.uoa.gr.

Evaluator's Name: _____

Title: _____

Institution/ Company: _____

Address: _____

Telephone: _____

E-mail: _____

Please explain in the candidate evaluation space provided on page 2, clearly the reasons why you consider the candidate suitable for Postgraduate Program in «**Rehabilitation Following Spinal Cord Lesions. Spinal Pain Management**». Information about his/hers performance in independent work or research and his/hers ability to collaborate, will be particularly helpful.

Comparison of the candidate with his/hers colleagues in terms of academic ability:

Of rare ability

Good

Among the best in a class

Average

Included in over 25%

Below 50%



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Candidate's relative position in your course's:

Title of the Course	Position in total number of students
1.	
2.	
3.	

EVALUATION OF THE CANDIDATE

Signature: _____

Date: _____