REPORT TO BE	COMPLETED BY RI CONFII	EFEREE DENTIAL						
4	PLEASE RET	TURN TO:						
Interaction Design Institute Ivrea	Interaction Design Insti Via Mont 10015 Ivrea ( Tel +39 012 Fax +39 0123	enavale 1 To), Italia 25 422 11		IEY NEED TO S		FORM TO ONE IPLETED FORM		
	www.interactio	on-ivrea.it						
APPLICANT NAME:								
REFEREE NAME:								
HOW LONG HAVE YOU KNOWN THE APPLICANT?			IN WHAT CAPACITY (E.G. PROFESSOR, EMPLOYER, ETC.)?					
PLEASE RATE THE APPLICANT IN RELATION TO HIS/HER PEERGROUP IN THE FOLLOWING CATEGORIES . This form is a simple means for us to create common reference points for all applicants, and should not be considered as reducing the applicant's qualifications.								
		quite standing	Ment	very Good	>		NL.	
Creativity:			Excellent	√ <sup>erd</sup>	Good	Fair	Mesu.	
Analytical thinking:								
Ability to work with others:								
Problem solving abilities:								
Ability to synthesise from many	y inputs:							
Ability to craft beautiful form:								
Hard working:								
Ability to focus, get to the hear issues:	t of the important							
Percentage distribution of these qualities student body.	s in normal	A handful in a decade	15%	20%	30%	20%	15%	
PLEASE MENTION ANY OTHER SPECIAL S	RENCTHS OR WEAKNESSES	OF THE CANDID	ATE					

P



## REPORT CONTINUED CONFIDENTIAL

## PLEASE RETURN TO:

Interaction Design Institute Ivrea Via Montenavale 1 10015 Ivrea (To), Italia Tel +39 0125 422 11 Fax +39 0125 422 101

www.interaction-ivrea.it

NOTE TO CANDIDATE. PLEASE SEND THIS FORM TO ONE OF YOUR REFEREES. THEY NEED TO SEND THE COMPLETED FORM DIRECTLY TO THE INSTITUTE.

CAN YOU TELL US ABOUT ONE OR TWO PARTICULAR PIECES OF WORK THE APPLICANT HAS DONE.

ANY OTHER ACHIEVEMENTS OR POINTS YOU THINK WE SHOULD KNOW ABOUT.

SIGNATURE	ADDRESS
NAME (PLEASE PRINT)	
POSITION/ORGANISATION	DATE