

Advanced Master in European and International Taxation
Recommendation Form

Would you be so kind to return this form as soon as possible?
We highly appreciate the time and effort that you take to provide us with these comments.

Applicant's name _____

To Those Asked to Submit Recommendations: the above-named person has applied for admission to the Advanced Master Programme in European and International Taxation at the European Tax College. Your comments and candid evaluation will be of great help in our efforts to select students who are most likely to bring credit to the tax profession. Please complete the form and return it directly to us. Those recommendations that detail the specific qualifications and accomplishments of a particular applicant will best assist us.

1 How long and in what capacity have you known the applicant? _____

2 Please rate the applicant in relation to other professionals/students you have known.

Characteristic	Outstanding Top 5%	Unusual Top 10%	Good Top 25%	Average Middle 20%	Below average Lowest 40%	Unable to estimate
Intelligence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Independence of thought	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Industry and Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Judgement and Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3 Please rate the average position of the applicant in his/her professional position/class throughout the curriculum (indicate size of relevant group). _____

Please return this form of recommendation directly to

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