



Testimonial

Application for admission to Doctoral Studies University of Iceland, School of Education

To applicants:

Please complete this page and then pass on the form to the referee for completion.

Name of applicant:	Kennitala (Icelandic national ID number), if available, otherwise date of birth
Course of study/planned specialization:	

Statement of motivation (copy item 4 of your application here)

Short description of research project (copy item 8 of your application here)

To the referee:

The above-named individual is applying for admission to doctoral studies at the University of Iceland School of Education. To make it easier for us to choose applicants who meet the demands made of doctoral students we request you to provide us with a testimonial regarding the applicant according to your knowledge and conscience and without intervention from the student. Your testimonial will be confidential, and will be destroyed at the end of the application cycle.

<i>Name of referee</i>	Icelandic National Identity number (if available)
<i>Place of work</i>	Phone number
<i>Home address</i>	Phone number
<i>Post code</i>	Country

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

To what extent do you feel the applicant is capable of undertaking graduate studies and what level of performance can be expected from the student in the area of study which he/she has selected?

Please provide an assessment of the applicant's abilities in the following areas by placing a cross in the relevant box:

	Excellent	Good	Average	Poor	Don't know
Academic ability					
Initiative					
Communication skills					
Interest					
Conscientiousness					
Persistence					
Writing skills					

Place and date	Signature
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Please email this testimonial to: admission@hi.is and mvs@hi.is