THE EUROPEAN DOCTORAL COLLOQUIUM IN ACCOUNTING 2020 RECOMMENDATION FORM

to be completed by the main thesis advisor

Name of doctoral student:						
University:						
Title of dissertation:						
Name of advisor:						
Please rate the student (using 'x worked with):	') according to th	tis scale (compa	aring the stud	lent with other d	octoralstude	nts you have
	Outstanding	Excellent	Good	Average	Poor	Unable to judge
Activity in research seminars						
Presentation skills						
Written communication skills						
Quality of dissertation work						
Overall rating of student						
When did the student begin the	doctoralprogram	? Month/Year:				
When do you estimate the stude	ent will finish his	or her dissertat	ion? Month	/Year:		
Briefly describe the progress the	e student has mac	de on the dissert	ation to this	date:		
Provide other relevant informat	ion forthe evalua	ation of this stud	dent:			
Date						
Signature						