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| 2/ LETTER OF REFERENCE*Letter of Reference must be written down preferably either by the research adviser, or by the supervisor of the dissertation thesis of the applicant. Please choose ONLY 1 REFEREE.**This letter should be typewritten and in English.*  |
| Surname, First name of Applicant:  |
| Name of Sending Institution/Institute/Department: |
| Surname, First name and Title of Referee: |
| Relationship of the Referee to the Applicant:[ ]  Supervisor/Tutor[ ]  Research Adviser |

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| Letter of Reference:*Provide an evaluation of the applicant’s past performance at the sending Institution – how long have you known the Applicant, how have you cooperate with him/her etc.* *Provide an evaluation of the applicant’s ability to pursue and successfully complete a proposed research project at Charles University, Prague.*  |

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| By signing this document I grant my consent for Charles University, registered office at Ovocný trh 560/5, 116 36 Prague 1, ID no.: 00216208 ("CU"), which is the administrator of the personal data of all faculties and subdivisions of CU, to process my personal data to the extent stated in the application, and other required documents for a short-term stay within the framework of inter-university agreements at all stages of the process (preparatory phase, short-term stay at CU and subsequentoutputs) in accordance with Act No. 101/2000 Coll., on the protection of personal data and amending certain acts, as amended, and in accordance with the directly applicable European Union legislation (Regulation (EU) 2016/679 of the European Parliament and of the Council on GDPR). I consent to the storage of the aforementioned personal data in electronic and printed form for the needs of Charles University for a period of 5 years. I grant this consent based on my own and free will, I acknowledge that I can anytime revoke this consent.I can withdraw the consent via e-mail sent to the following e-mail address: zahran@ruk.cuni.cz or in person in the seat of the data controller. I also have the following rights: * To require information on what personal data is processed about me,
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| **Date:** |  | **Signature of the Referee:** |  |