

EASP Full/Affiliate Membership Application Letter of Recommendation

Please save this form to your computer, complete it and send it directly to the EASP Executive Officer Sibylle Classen (sibylle@easp.eu).

Name of applicant

Name of referee

Is the referee a Full EASP member?

yes no

How long the applicant has been known to the referee?

In what capacity has the applicant been known to the referee?

(e.g., research collaboration, colleague, student, conference presentation, etc.)

Applicant's main research interests

Applicant's most important research contributions

Applicant's international activities

If social psychology is not the applicant's major research focus, how does his/her work relate to social psychology?

Applicant's other relevant professional activities (e.g., teaching, applied research, consultancy work)

Overall recommendation

Date of recommendation (dd/mm/yyyy)