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, as listed on the EASP website.

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| **Name of applicant** |  |

| **Name of referee** |  |
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| **Is the referee a Full EASP member?** | Yes / No |
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| **How long the applicant has been known to the referee?** |
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| **In what capacity has the applicant been known to the referee?**(e.g., research collaboration, colleague, student, conference presentation, etc.) |
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| **Applicant's main research interests** |
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| **Applicant's most important research contributions** |
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| **Applicant's international activities** |
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| **If social psychology is not the applicant's major research focus, how does his/her work relate to social psychology?** |
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| **Applicant's other relevant professional activities** (e.g., teaching, applied research, consultancy work) |
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| **Overall recommendation** |
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| **Date of recommendation** (dd/mm/yyyy) |  |