



SCHOOL OF GRADUATE STUDIES

REFEREES' CONFIDENTIAL REPORT

The applicant whose name is given below wishes to undertake graduate studies in the University. The University would be grateful for your comments on the candidate's suitability for this programme.

Please return the completed form in a sealed envelope to the applicant who shall submit it directly to:

The Dean, School of Graduate Studies,
P. O. Box 103-40404, RONGO.

SECTION A: (To be completed by the candidate)

1. Name of applicant
2. Degree applied for
3. Department/Faculty to which application is made
4. Field of Study/subject

SECTION B: (To be completed by the referee)

5. For how long and in what capacity have you known the applicant?
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6. Please rate the applicant on the following:

	Excellent	V.Good	Good	Average	Below Average	Unable to Assess
Academic ability						
Ability for persistent & Independent study						
Potential for productive scholarship						
Quality of previous work						
Oral and written expression in English						

7. Comment freely on the applicant:

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8. Name of referee (in block letters)

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Signature

.....
Designation/Official Stamp

.....
Date

Referee Address:

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Referee Email Address.....