

DIRECTORATE OF POST-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 Director, Post-Graduate Studies,

SECTION A: (To be completed by the candidate)

P. O. Box 103-40404, RONGO.

Independent study
Potential for productive

Quality of previous

Oral and written expression in English

scholarship

work

	1	1			1	
lemic ability						
	Excellent	V. G00a	Good	Average	Average	Assess
	Excellent	V. Good	Good	Avonogo	Below	Unable to
6. Please rate the	applicant on t	the following:				
5. For how long	and in what ca	pacity have y	ou known t	he applicant?		
SECTION B: (To	o be complete	d by the refe	ree)			
4. Field of Study	/subject					
3. Department/Fa	aculty to which	h application i	is made			
2. Degree applied	d for					
1. Name of appli						
1 Name of and:						

7.	Comment freely on the applicant:		
8.	Name of referee (in block letters)	Signature	
	Designation/Official Stamp	Date	•••
Refere	e Address:		
Refere	e Email Address		