REFERENCE FORM FOR APPLICANTS

All applicants are expected to request their referees to forward directly to the University this referee form. Applicants are also to obtain and send their academic transcripts from their University, in order to ascertain their claims.

PLEASE PRINT ALL ENTRIES LEGIBLY (IN BLOCK LETTERS)

NAME OF CANDIDATE (SURNAME FIRST): ________________________________

PROGRAMME APPLIED FOR: ____________________________________________

TOPIC OF RESEARCH/DIPLOMA: ________________________________________

NAME OF REFEREE (SURNAME): ________________________________________

DESIGNATION/POSITION: ______________________________________________

ADDRESS: __________________________________________________________

EMAIL: ______________________________________________________________

TELEPHONE: __________________________________________________________

FAMILIARISATION

1. FOR HOW LONG HAVE YOU KNOWN THE CANDIDATE? ________________

2. IN WHAT CAPACITY? _________________________________________________

SUITABILITY OF CANDIDATE FOR PROGRAMME/COURSE APPLIED FOR;
(CAPACITY TO WORK ALONE, TEAM WORK ABILITY AND WORKING UNDER
PRESSURE) ____________________________________________________________
__________________________________________________________
__________________________________________________________
PLEASE RATE CANDIDATE ON THE FOLLOWING CHARACTERISTICS:

<table>
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<th>Characteristic</th>
<th>Excellent</th>
<th>Very Good</th>
<th>Good</th>
<th>Slightly Above Average</th>
<th>Average</th>
<th>Below Average</th>
<th>Unable to Assess</th>
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<tbody>
<tr>
<td>Intellectual Capacity for persistent and independent academic work</td>
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<td>Ability for imaginative thought</td>
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<td>Promise of Productive Scholarship</td>
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<td>Quality of Previous work</td>
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<td>Ability for Teamwork</td>
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<td>Oral and Written expression in English</td>
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CLASSIFICATION AND GRADUATION ________________________________

DO YOU HAVE ANY OTHER REASON WHY THIS CANDIDATE SHOULD NOT BE ADMITTED UNDER THIS PROGRAMME? ____________________________________________________________

THANK YOU FOR YOUR COOPERATION.

NAME OF REFEREE: _____________________________________________

INSTITUTION: _________________________________________________

POSITION/RANK: ______________________________________________

SIGNATURE: _______________ DATE: ___________________________