



AJAYI CROWTHER UNIVERSITY, OYO

P.M.B. 1066, OYO
OYO STATE, NIGERIA

Form No

POSTGRADUATE SCHOOL

Website: <http://pgs.acu.edu.ng>

Email: admissions@acu.edu.ng

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:

	Intellectual Capacity for persistent and independent academic work	Ability for imaginative thought	Promise of Productive Scholarship	Quality of Previous work	Ability for Teamwork	Oral and Written expression in English
<i>Excellent</i>						
<i>Very Good</i>						
<i>Good</i>						
<i>Slightly Above Average</i>						
<i>Average</i>						
<i>Below Average</i>						
<i>Unable to Assess</i>						

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: _____