

REFEREE'S RECOMMENDATION LETTER

PROGRAMME.....

PLEASE TYPE OR USE BLOCK CAPITALS IN BLACK INK AND WRITE INSIDE THE BOXES

Applicant		Please complete this section. Give this form to the person who will act as your referee. Return your application form with a sealed letter of recommendation.				
First Name:	Second Name:	Last Name:				
Applicant's Signature:		Date:				
Referee	To enable us assess the candidates suitability for the program, we kindly request that you evaluate the candidate in the areas indicated in the table below (Tick the appropriate cell). Please indicate the applicant's qualifications and potential to undertake advanced study/research. Describe the applicant's motivation and intellect and indicate both strong and weak points. Please write frankly. If the applicants' first language is not English, please comment on his/her ability to read, write and speak English.					
How long have you known the Applicant?						
In what capacity?						
		Excellent	Good	Average	Poor	Very good
Capacity for Original Thinking						
Intellectual Ability						
Maturity						
Motivation for Postgraduate Studies						
English Language Proficiency	Written					
	Oral					
Ability to do work with others						
Other capabilities worth mentioning						
What do you consider to be the Applicant's weaknesses?						
What is your recommendation on the suitability of the Applicant to the applied program?						
Any other additional comments that you consider relevant about the Applicant						

Referee's Name and Contacts	
Name:	Title (Dr./Prof./Mr. /Miss. / Ms.)
Institution:	Position:
Postal Address:	Telephone (Landline):
	Telephone (Mobile):
Fax:	Email:
Referee's Signature:	Date:

PLEASE ENCLOSE THE COMPLETED FORM IN A SEALED ENVELOPE AND SIGN IT ACROSS THE SEAL. RETURN THE ENVELOPE TO THE APPLICANT, WHO WILL FORWARD IT UNOPENED WITH HIS/HER APPLICATION TO THE INSTITUTE OF POSTGRADUATE STUDIES AND RESEARCH, ZANZIBAR UNIVERSITY.