



THE UNIVERSITY OF ZAMBIA

ACADEMIC REFERENCE FOR ADMISSION TO POSTGRADUATE STUDIES TO BE COMPLETED BY APPLICANT

PLEASE TYPE OR PRINT

1. Applicant's Name
2. Programme of Studies: Diploma/Masters/Doctorate (Circle One)
3. Title of Degree Programme:
4. School of Studies/Department:

TO BE COMPLETED BY THE REFEREE

5. Referee's Name:
6. University/Institution:
7. Postal Address:
.....
8. How long and in what capacity have you known the applicant?
.....
.....
9. How confident do you feel that the applicant could successfully complete the intend programme?
.....
.....
.....
10. would this applicant be admissible to Graduate Studies at your University or other higher educational institution?
Yes (specify at what level)

No (specify why)

11. What do you consider to be the applicants strength? What weaknesses will be improved by graduate study?

.....
.....

12. On this scale, please rate the applicant relative to others you have known who have gone on to study.

	EXCELLENT	GOOD	AVERAGE
	Top 2% Top 5% Top 10%	To 25%	50%

ACADEMIC PERFORMANCE:

INTELLECTUAL POTENTIAL:

CREATIVITY AND ORIGINALITY:

RESEARCH ABILITY:

MOTIVATION:

Please amplify your evaluation by describing any special aptitude/ability and weakness of the applicant.

Referees Signature: Date:

All statements will be kept confidential. Please mail the completed form to:

Director
Directorate of Research and Graduate Studies
University of Zambia
P. O. Box 32379
LUSAKA
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