

Reference Form

1. Referee

Name: _____

Occupation: _____

Address: _____

Tel. no: _____

E-mail: _____

2. Applicant

Name: _____

Course:

3. How long and what capacity you have known the applicant? _____

4. Please comment on the applicant's ability in the following specific areas by ticking the appropriates.

	<i>Excellent</i>	<i>Good</i>	<i>Average</i>	<i>Fair</i>	<i>Poor</i>	<i>Unable to comment</i>
Suitability for the course						
Intellectual ability						
Analytical skills						
Previous academic studies						
English ability						
Studying independently						
Commitment to task						

5. How the course may benefit the applicant?

_____ Seal: _____

Signature:

Date: