

**SCHOOL OF GRADUATE STUDIES**

ACADEMIC REFEREE’S CONFIDENTIAL APPRAISAL FORM

**A. TO THE REFEREE**

The candidate named below has applied for admission to a graduate programme in the Christian Service University College. Your completion of this confidential appraisal form will help us greatly in our assessment of the applicant.

**PLEASE RETURN DIRECTLY TO:**

THE COORDINATOR

SCHOOL OF GRADUATE STUDIES

CHRISTIAN SERVICE UNIVERSITY COLLEGE

P. O. BOX 3110

KUMASI, GHANA

**(IT WOULD BE GREATLY APPRECIATED IF YOU COULD EXPEDITE ACTION ON THIS FORM, BECAUSE WITHOUT A REFEREE’S REPORT AN APPLICATION IS DEEMED INCOMPLETE AND SHALL NOT BE CONSIDERED)**

B. TO BE COMPLETED BY CANDIDATE (please specify)

Surname …………………………………… First Name………………………… Other Names:………………………..

Programme applied for: ……………………………………………………………………………………………………

Year Applied for:………………………………………………………………………………………………………….

**C. TO BE COMPLETED BY REFEREE**

I. I HAVE KNOWN THE APPLICANT FOR …………………….. YEARS AND ……….. ………MONTHS IN THE

 FOLLOWING CAPACITY …………………………………………………………………………………………..

 II. I WOULD RECOMMEND THE APPLICANT’S ADMISSION

 [ ] Without reservation [ ] With some reservation [ ] Not at all

III. BY COMPARISON WITH OTHER STUDENTS WITH WHOM I HAVE BEEN ASSOCIATED DURING

 THE PAST …………….YEAR(S), I WOULD RANK THIS APPLICANT’S APTITUDE FOR GRADUATE

 STUDIES AS FOLLOWS

 [ ] Among the top 5% [ ]Among the top 10% [ ] Among the top 25%

 [ ] Among the top 50% [ ] Among the lower 50%

1. **PLEASE COMPARE CANDIDATE WITH OTHER STUDENTS (TICK)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Outstanding | Above Average | Average | Below Average | No Good Basis for Judgment |
| Academic Achievement |  |  |  |  |  |
| Academic Potential and Intellectual Ability |  |  |  |  |  |
| Originality and Imaginative Thought |  |  |  |  |  |
| Writing Ability Oral Ability |  |  |  |  |  |
| Industry & Resourcefulness |  |  |  |  |  |
| Professional Commitment |  |  |  |  |  |

**II . IN THE SPACE BELOW, PLEASE INDICATE YOUR GENERAL ASSESSMENT OF THE CANDIDATE AND ANY OTHER COMMENTS THAT YOU MAY WISH TO MAKE**

…………………………………………………………………………………………………………………………………………..

 …………………………………………………………………………………………………………………………………………..

 . …………………………………………………………………………………………………………………………………………

 …………………………………………………………………………………………………………………………………………

 …………………………………………………………………………………………………………………………………………

 …………………………………………………………………………………………………………………………………………

 …………………………………………………………………………………………………………………………………………..

 …………………………………………………………………………………………………………………………………………

 …………………………………………………………………………………………………………………………………………

 …………………………………………………………………………………………………………………………………………

 …………………………………………………………………………………………………………………………………………

…………………………………………………………… ………………………………...................................

 REFEREE’S NAME SIGNATURE

…………………………………………………………… .…………………………………………………….

 DEPARTMENT/STAMP INSTITUTION

……………………………………………………………. ……………………………………………………... . POSITION TELEPHONE No.

……………………………………………………………………........

 E-MAIL ADDRESS

|  |
| --- |
|  |