



KAIMOSI FRIENDS UNIVERSITY
DIRECTORATE OF GRADUATE STUDIES
REFEREES CONFIDENTIAL REPORT

The candidate whose name is given below wishes to undertake postgraduate studies in the University. The University would be grateful for your comments on the candidate’s suitability for this programme.

Please return the completed form directly to:
The Director, Directorate of Research & Graduate Studies
P.O.Box, 385, 50309, KAIMOSI

SECTION A: (To be Completed by the Candidate)

- 1. Name of Candidate:.....
- 2. Degree applied for:.....
- 3. Department/School to which application is made:/.....
- 4. Field of Study/subject:.....

SECTION B: (To be Completed by the Referee)

For how long and in what capacity have you known the candidate?

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5. Please rate the candidate on the following:

	Excellent	V. Good	Average	Below Average	Unable to Assess
Academic ability					
Ability for persistent & independent study					
Potential for productive scholarship					
Quality of previous work					
Oral and written expression in English					

6. Comment Freely on the Candidate:

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7.

Name of Referee (in block letters)

Signature

.....

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Designation/Official Stamp

Date