



MUKUBA UNIVERSITY

ACADEMIC REFERENCE FOR ADMISSION TO POSTGRADUATE STUDIES

A. TO BE COMPLETED BY THE APPLICANT

Please complete this section of the form. You should ensure that your referee (as named on your application form) is given a copy of this form and he or she should submit the completed form direct to the University.

1. Proposed Programme of study.....
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Note: For taught programmes, give full title of your proposed programme. For research programmes, give broad subject area or research theme/grouping. Please include level of study, eg MA, PhD

2. School in which you wish to study.....
3. Surname / Family name.....
4. First / Given name(s).....
5. Signature..... Date.....

B. TO BE COMPLETED BY THE REFEREE

1. Referee's Name:
2. Position.....
3. University/Institution:
4. Postal Address:
5. Mobile Phone No.....
6. E-mail Address.....

Please give your evaluation of the applicant by responding to the questions below.

7. How long and in what capacity have you known the applicant?
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8. How assess the applicant's potential/suitability to undertake research and postgraduate studies in the chosen discipline?

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9. What do you consider to be the applicant's strength and weakness?

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10. What applicant's weaknesses you think will be improved by graduate studies?

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11. Any other information you think relevant and which you feel would assist the University in making its decision

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If you are providing an academic reference (eg. you are a lecturer or professor from the candidate's university), please could you also complete the section below which provides information about the ability of the candidate relative to other students in your institution who graduated in the same year.

	Top 5%	Top 10%	Top 25%	Top 50%	Bottom 50%
Academic Performance					
Intellectual Ability					
Research ability					
Capacity for original thinking					
Motivation for graduate study					

10. Referee's Signature:..... Date:.....

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

The Registrar
 Mukuba University
 Off Chingola Road, Itimpi,
 P.O. Box 20382,
 Kitwe,
ZAMBIA.
 E-mail: registrar@mukuba.edu.zm

