



MUKUBA UNIVERSITY

PROFESSIONAL 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. What do you consider the applicant's strength and weakness?

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9. How do rate the applicant's standard of work in performing his or her duties in your organisation?

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10. Any other comments (if you have any further comments to add please use the space provided below)

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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

