



MINISTRY of EDUCATION  
YOUTH & INFORMATION

TERTIARY STUDENTS' ASSISTANCE PROGRAMME  
ACADEMIC/PROFESSIONAL LETTER OF REFERENCE FORM

**TO APPLICANT:** Please print your name in the space below. This form must be completed by your referee and returned to you to be submitted with the application form.

NAME OF APPLICANT \_\_\_\_\_

NAME OF SCHOLARSHIP \_\_\_\_\_

PROGRAMME OF STUDY \_\_\_\_\_

**TO REFEREE**

1. The referee report is confidential; please return the completed report to the applicant in a sealed envelope with your signature across the flap.
2. On this scale, make your ratings on the basis of your academic experience with the Applicant:

	Average		Good		Excellent
	Top 50%	Top 25%	Top 10%	Top 5%	Top 2%
Academic Capability	_____	_____	_____	_____	_____
Intellectual Potential	_____	_____	_____	_____	_____
Creativity & Originality	_____	_____	_____	_____	_____

3. Describe the applicant's academic strengths, work responsibilities, and outstanding achievements.

4. How long and in what capacity have you known the applicant? \_\_\_\_\_

\_\_\_\_\_  
Name \_\_\_\_\_

Signature \_\_\_\_\_

Occupation \_\_\_\_\_

Qualification/Position \_\_\_\_\_

Address \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Telephone \_\_\_\_\_

Fax \_\_\_\_\_

**NOTE:**

**Please reply promptly as your failure to submit a report or late submission of your report will prevent a sound assessment of the candidate.**