



## MZUMBE UNIVERSITY

DIRECTORATE OF RESEARCH, PUBLICATIONS AND POSTGRADUATE STUDIES

# REFERENCE FORM FOR POST-GRADUATE DEGREE PROGRAMME\*

Applicant's name \_\_\_\_\_  
**Second name or Surname as it appears in certificates Other names**

Has applied to the Mzumbe University for admission to the following programme:-

Ph.D. - Faculty of _____ (Please indicate)	[	]
MBA - Corporate Management .. ..	[	]
MPA – Master of Public Administration .. ..	[	]
MSc. - Banking Management .. ..	[	]
MSc. - Accounting & Finance.. ..	[	]
MSc. - Entrepreneurship .. ..	[	]
MSc. - Marketing Management .. ..	[	]
MSc. - Procurement and Supply Chain Management	[	]
MHSM. – Masters of Health Systems Management	[	]
MSc. - Human Resource Management .. ..	[	]
MSc. - Local Government Management .. ..	[	]
MSc. - Development Policy .. ..	[	]
MSc. - Economics .. ..	[	]
LL.M - Master of Laws .. ..	[	]

Dear Sir/Madam,

The above applicant has provided your name as a referee to support his/her application for the indicated Post-Graduate Programme.

Your response will be an important contribution in assessing the applicant and will be treated in the strictest confidence.

Thank you for your cooperation.

**(\*The referee should be a person who is academically familiar with the applicant, either as a teacher, research supervisor or professional associate).**

1. How long have you known the candidate and in what capacity?

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2. What do you consider to be the candidate's main academic strengths?

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3. What do you consider to be the candidate's main academic weaknesses?

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4. Please evaluate the applicant with respect to each of the following attributes:

<b>Attribute</b>	<b>Excellent</b>	<b>Very Good</b>	<b>Good</b>	<b>Average</b>	<b>Below Average</b>	<b>No Information</b>
Intellectual/academic capacity						
Oral communication ability						
Writing communication ability						
Ability to work independently						
Perseverance						
Creativity						

5. What is your opinion of the candidate's suitability for the programme?

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6. Is there any other information you feel is relevant for this applicant?

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(Continue on a separate sheet if necessary)

7. Name: \_\_\_\_\_  
Position: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Date: \_\_\_\_\_  
Address: \_\_\_\_\_

Tel. No.: \_\_\_\_\_ E-Mail: \_\_\_\_\_

***(After filling this form kindly enclose it in a sealed envelope, sign the envelope on the cover flap and hand it over to the candidate for mailing back to the University with the application form).***