UNIVERSITY OF CAPE COAST SCHOOL OF GRADUATE STUDIES & RESEARCH

GRADUATE REFERENCE FORM

SECTION 1: TO THE APPLICANT

This is one of two Graduate Reference Forms provided with your Application Form. Please complete this Section on both Forms before forwarding one to each of your two Referees, requesting that they complete Section 2, envelope and seal them and return same to you for forwarding to The Deputy Registrar, School of Graduate Studies and Research, University of Cape Coast, Cape Coast.

Surname/Family Name	First Name(s)	Female/Male

Programme of Study

M.A. MBA

M.Sc. M.Com/M.Phil

M.Ed. Ph.D

Commencing in (Year)

Applicants for Programmes by Research:

Give a brief description of your proposed research topic or interest, including the title of the proposed field of study below:

SECTION 2: TO THE REFEREE

The above-named is applying for admission to graduate studies at the University of Cape Coast, and has named you as a referee. We would be grateful to receive from you, in confidence, your opinion of the candidate's suitability for the proposed programme of study. When commenting on his/her academic performance, please give, if possible, the applicant's class ranking/position in class (including the total number of students in the class). If an exact position cannot be given, indicate the quartile in which you believe he/she has performed. You may also comment on candidate's ability to carry out independent work, his/her level of expression in English, and resourcefulness as well as emotional stability, among other relevant things.

Please return the completed form, sealed, to the Applicant to be forwarded to the University.

Name of Referee: I	Prof./Dr./Mr./Mrs./Ms		•••••
Position:			
••••••		•••••	•••••
Tel. No.:	Fax. No.:	E-mail:	
Relationship to Ap	plicant:		• • • • • • • • • • • • • • • • • • • •
Reference:			

Signature:	Date: