**NNAMDI AZIKIWE UNIVERSITY, AWKA**

**SCHOOL OF POSTGRADUATE STUDIES**

**REFEREE’S CONFIDENTIAL REPORT ON A CANDIDATE FOR ADMISSION TO HIGHER DEGREES STUDY**

**The candidate whose name is given below wishes to undertake higher degree studies in this University. Your comments (which will be treated in the strictest confidence) on the candidate’s suitability for the work, would be appreciated. Please return the completed form direct to the Secretary, School of Postgraduate Studies, Nnamdi Azikiwe University.**

**(To be completed by the Candidate)**

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|  | **Name of Candidate:** |  | |
|  | **Department of the University to which application is being made:** | |  |

**(To be completed by the Referee)**

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|  | **How long, and in what capacity have you known the candidate?:** |  |

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|  | **Please, evaluate the candidate in terms of the qualities below in comparison with the students you know. (Please tick as appropriate)** |

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| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Out-Standing (top 5%)** | **Excellent (top 15%)** | **Very Good**  **(top** | **Good**  **(top 40%** | **Average** | **Below Average** | **No Information** |
| **Intellectual capacity** |  |  |  |  |  |  |  |
| **Capacity for persistent and independent academic study** |  |  |  |  |  |  |  |
| **Ability for imaginative thought** |  |  |  |  |  |  |  |
| **Promise of productive scholarship** |  |  |  |  |  |  |  |
| **Quality of previous work (if any)** |  |  |  |  |  |  |  |
| **Ability for oral and written expression** |  |  |  |  |  |  |  |
| **Overall rating** |  |  |  |  |  |  |  |

1. **Please comment on candidate’s personality with particular reference to his/her moral character, emotional and physical stability:**

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1. **Should the situation arise, would you feel able to accept the candidate as a graduate student? (Yes/No)**

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1. **Any other relevant information which would help in determining the applicant’s suitability:**

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1. **Have you any objection to the contents of this evaluation being disclosed to any award giving body if the need arises?**

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|  | |  | |  | |
| Name | |  | | Signature of Referee | |
|  |  |  |  | |
| Rank or Profession of Referee | |  | Department | |
|  | |  |  | |
| Date | |  | INSTITUTION/UNIVERSITY | |