



CENTRAL UNIVERSITY

FAITH • INTEGRITY • EXCELLENCE

SCHOOL OF GRADUATE STUDIES ACADEMIC REFEREE'S CONFIDENTIAL APPRAISAL FORM

A. TO THE REFEREE

The candidate named below has applied for admission to a graduate programme in Central University. Your completion of this confidential appraisal form will aid us greatly in our assessment of the applicant.

PLEASE RETURN DIRECTLY TO:

THE ASSISTANT DIRECTOR
SCHOOL OF GRADUATE STUDIES
CENTRAL UNIVERSITY
P. O. BOX DS 2310
DANSOMAN. ACCRA, GHANA

(IT WOULD BE GREATLY APPRECIATED IF YOU COULD, AS SOON AS POSSIBLE, TAKE ACTION ON THIS FORM, BECAUSE WITHOUT A REFEREE'S REPORT AN APPLICATION IS DEEMED INCOMPLETE AND SHALL NOT BE CONSIDERED)

B. TO BE COMPLETED BY CANDIDATE

Applicant's Name:.....

Programme applied for.....

C. TO BE COMPLETED BY REFEREE

I. I HAVE KNOWN THE APPLICANT FORYEARS AND.....MONTHS IN THE FOLLOWING CAPACITY.....

II. I WOULD RECOMMEND THE APPLICANT'S ADMISSION

[] Without reservation [] With some reservation [] Not at all

III. BY COMPARISON WITH OTHER STUDENTS WITH WHOM I HAVE BEEN ASSOCIATED DURING THE PASTYEAR(S), I WOULD RANK THIS APPLICANT'S APTITUDE FOR GRADUATE STUDIES AS FOLLOWS

- Among the top 5% Among the top 10% Among the top 25%
 Among the top 50% Among the lower 50%

IV. PLEASE COMPARE THE CANDIDATE WITH OTHER STUDENTS

	Outstanding	Above Average	Average	Below Average	No Good Basis for Judgment
Academic Achievement					
Academic Potential and Intellectual Ability					
Originality and Imaginative Thought					
Writing Ability					
Quantitative Ability					
Oral Ability					
Industry & Resourcefulness					
Professional Commitment					

V. IN THE SPACE BELOW, PLEASE INDICATE YOUR GENERAL ASSESSMENT OF THE CANDIDATE AND ANY OTHER COMMENTS THAT YOU MAY WISH TO MAKE

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REFEREE'S NAME

.....

DEPARTMENT/STAMP

.....

POSITION

.....

TELEPHONE

.....

SIGNATURE

.....

INSTITUTION

.....

E-MAIL ADDRESS

.....

DATE