

**CONFIDENTIAL REFERENCE**

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| Full Name\* |       |
| WHO HAS APPLIED FOR ADMISSION TO DE MONTFORT UNIVERSITY AS A RESEARCH STUDENT |
| Proposed Area of Research\* |       | Faculty\* |       |
| ***\* To be completed by applicant*** |
| We would be grateful for your opinion on the applicant’s suitability for the proposed research. It will be helpful if your statement below provides information where appropriate on: |
| 1. Intellectual Qualities | 2. Work Experience including | 3. Personal Qualities |
| 1. previous examination performance
2. present performance
3. promise for the future, including an assessment of any examination results pending
4. evidence of research ability and/or research potential
 | 1. previous performance
2. aptitude and suitability
3. relevance to present application
 | 4. Health and other personal circumstances |
|  |       |
| Please indicate your connection with the applicant (e.g. work supervisor, tutor etc.) |
|       |
|  *(Please continue on the next page if required)* |
|  |
| Signed: |  | Name (in capitals): |        |
|  |
| Telephone Number: |       **Email Address:**        |
|  |
| Position: |       | Official Stamp | Date: |       |

Reference Continued

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