

**CONFIDENTIAL REFERENCE**

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| Full Name\* | |  | | | | | | | | | | | | |
| WHO HAS APPLIED FOR ADMISSION TO DE MONTFORT UNIVERSITY AS A RESEARCH STUDENT | | | | | | | | | | | | | | |
| Scholarship Reference\* | | | |  | | | | | 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 | | | | |
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| Please indicate your connection with the applicant (e.g. work supervisor, tutor etc.) | | | | | | | | | | | | | |
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| *(Please continue on the next page if required)* | | | | | | | | | | | | | | |
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| Signed: |  | | | | | | Name (in capitals): | | | | |  | | |
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| Telephone Number: | | | **Email Address:** | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| Position: |  | | | | | Official Stamp | | Date: | | | Click here to enter a date. | | | |

Reference Continued

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