



THE UNIVERSITY OF ZAMBIA

PROFESSIONAL REFERENCE FOR ADMISSION TO POSTGRADUATE STUDIES

1. Applicant's Name:.....
2. Programme of Study: Diploma/Masters/Doctorate (circle one).
3. Title of Academic Programme Applied for:.....
4. School/Department:.....
5. Referee's Name:.....
6. University/Institution:.....
7. Postal Address:.....
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8. REFEREE'S COMMENTS (Please give your candidate evaluation of the applicant in the spaces provided below).
9. Please answer all the questions.
10. (a) How long and in what capacity have you known the applicant?
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11. (b) What do you consider the applicant's talents or strengths?

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12. (c) Any other comments (if you have any further comments to add please use the space provided below).

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Referee's Signature:..... Date:.....

All statements will be kept confidential. Please mail the completed forms to:

Director
Directorate of Research and Graduate Studies
University of Zambia
P.O. Box 32379
LUSAKA
Zambia