

Appendix 1



KAMUZU UNIVERSITY
OF HEALTH SCIENCES

ACADEMIC REFERENCE FOR ADMISSION TO POSTGRADUATE STUDIES

TO BE COMPLETED BY APPLICANT

1. Applicant's Name
2. Programme of Study:
Name:.....
Specialization:.....

TO BE COMPLETED BY THE REFEREE

3. Referee's Name:
.....
4. University/Institution:
.....
5. Postal Address:
.....
.....
6. How long and in what capacity have you known the applicant?
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.....
.....
.....
7. How confident do you feel that the applicant could successfully complete the intended programme?

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.....

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8. Would this applicant be admissible to Postgraduate Studies at your University or other higher educational institution?

Yes (specify at what level)

No (specify why)

.....

9. What do you consider to be the applicant's strength? What weaknesses will be improved by Postgraduate study?

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.....

10. On this scale, please rate the applicant relative to others you have known who have gone on to study.

| | EXCELLENT | | | GOOD | AVERAGE |
|-----------------------------|-----------|--------|---------|--------|---------|
| | Top 2% | Top 5% | Top 10% | To 25% | 50% |
| ACADEMIC PERFORMANCE: | | | | | |
| INTELLECTUAL POTENTIAL: | | | | | |
| CREATIVITY AND ORIGINALITY: | | | | | |
| RESEARCH ABILITY: | | | | | |
| MOTIVATION: | | | | | |

Please amplify your evaluation by describing any special aptitude/ability and weakness of the applicant.

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Referees Signature:

Date:

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

**THE UNIVERSITY REGISTRAR
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