

## Appendix 2



**KAMUZU UNIVERSITY**  
OF HEALTH SCIENCES

### PROFESSIONAL REFERENCE FOR ADMISSION TO POSTGRADUATE STUDIES

#### **TO BE COMPLETED BY APPLICANT**

1. Applicant's Name .....

2. Details of programme of study:

Name:.....

Specialization (For MMED & MPH):.....

Department (For MPHIL/PHD):.....

#### 3. **TO BE COMPLETED BY THE REFEREE**

Referee's Name: .....

University/Institution: .....

Position held: .....

Postal Address: .....

.....

#### 4. **REFEREE'S COMMENTS (Please give the candidate evaluation in the spaces provided by answering all the questions below)**

(a) How long and in what capacity have you known the applicant?

.....

(b) What do you consider the applicant's talents or strengths?

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

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

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

**THE UNIVERSITY REGISTRAR  
KAMUZU UNIVERSITY OF HEALTH SCIENCES  
PRIVATE BAG 360  
CHICHIRI BLANTYRE 3, MALAWI  
ATTENTION: ASSISTANT REGISTRAR (ACADEMIC)  
TEL: +2651871911, +265 (0) 1 874 107, FAX +265 (0) 1 874 700**

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