

For Admission to Graduate Studies



SECTION A: TO BE COMPLETED BY THE APPLICANT

Applicant's Name	
Identity Card No.	
Post Graduate Degree applied for	
Faculty	
Proposed Research Area	

SECTION B: TO BE COMPLETED BY THE REFEREE (academic referee)

Name of Referee: _____

Title: _____

Address of Organization: _____

Phone Number: _____ Fax Number: _____ E-mail: _____

1. Knowledge of the Applicant

Approximately how long have you known this applicant: _____ years

How well do you know the applicant? *Please check (☑):*

- Casually Well Very

Well

In what capacity have you known the applicant? *Please check (☑):*

- Lecturer Research Advisor Employer Other (specify)

2. Evaluation: Please rank the applicant as follows:

- 0 = Unable to rank 1 = Poor 2 = Fair
 3 = Good 4 = Very Good 5 = Outstanding

Others	Rank	Remarks
Knowledge in area of proposed study		
Ability to grasp new concepts		
Originality, intellectual creativity		
Mathematical & logical thought		
Written communication skills		
Oral communications skills		
Teaching ability (if known)		
Research ability (if known)		
Perseverance toward goals		
Maturity and emotional stability		

Ability to work well with others		
General preparation for post-graduate work		

3. **Recommendation:** Considering this applicant's academic record, special abilities, ambition, and determination, please indicate your recommendation. *Please check (☐)*

- | | |
|---|---|
| <input type="checkbox"/> Recommend Strongly | <input type="checkbox"/> Recommend with reservation |
| <input type="checkbox"/> Recommend | <input type="checkbox"/> Cannot Recommend |

4. **Additional Comments:** Please add any comments which you feel will assist in evaluating the applicant's potential to pursue graduate study.

Signature: _____

Date: _____

Attach the proposed research with your application form and send to the respective faculty.

