



UNIVERSITY
of
BOTSWANA

School of Graduate Studies

Corner of Notwane
and Mabuto Road,
Gaborone, Botswana

P.O.Box 00706
Gaborone
Botswana

Tel: [267] 355 2960/2861/2862/4690/4712
Fax: [267] 318 5100
E-mail: sogras@ub.ac.bw

Reference Report Form for Admission to the School of Graduate Studies

APPLICANT NAME (please print clearly): _____			
	Surname	First name	Initial
MAILING ADDRESS: _____			

APPLICATION TO (Programme): _____			
SIGNATURE: _____		DATE: _____	

INSTRUCTIONS FOR THE APPLICANT:

Complete the information requested in the box, above.

INSTRUCTIONS FOR THE REFEREE: Please provide the information requested. If you need more space, please staple your additional pages to this form.

1. How long and in what capacity have you known the applicant?

2. In comparison with other graduate students you have worked with how would you rank this applicant? Please evaluate the applicant as fairly as you can in each of the categories below by placing an "x" in the appropriate box.



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	Poor	Fair	Good	Very Good	Excellent
Intellectual ability					
Maturity and Emotional Stability					
Leadership Potential					
Initiative					
Oral communication skills					
Acceptance of constructive feedback					
Personal discipline					

3. We would appreciate your comments regarding the applicant's aptitude for graduate study.

a) What do you consider to be the applicant's major strengths and weaknesses?

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b. Do you think the applicant could, if admitted, benefit from a graduate programme? Please elaborate.

Large empty rectangular box with horizontal lines for writing an answer to question b.

4. Summary evaluation (please tick):

I do not recommend this applicant for admission to your graduate programme.	<input type="checkbox"/>
I do not recommend this applicant for admission to your graduate programme.	<input type="checkbox"/>
I believe the applicant's qualifications are marginal, but the applicant has potential and would benefit from study in your graduate programme.	<input type="checkbox"/>
I recommend this applicant for admission and believe his/her performance should be comparable to that of most graduate students.	<input type="checkbox"/>
I strongly recommend this applicant for admission and believe that he/she has the capacity to perform at a superior level.	<input type="checkbox"/>

Evaluator's name (please print)

Signature: Date:

Phone: Fax:

E-mail:

Thank you for providing this evaluation.