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
Fax: [267] 318 5100
E-mail: deansgs@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.

4. Summary evaluation (please tick):

I recommend this applicant for admission to your graduate programme.	☐
I do not recommend this applicant for admission to your graduate programme.	☐

Evaluator's name (*please print*) ……

Signature: …… **Date:** ……

Phone: …… **Fax:** ……

E-mail: ……

Thank you for providing this evaluation.