



## POSTGRADUATE REFERENCE FORM

OPEN REFERENCE: Please note that information given on this form may be disclosed to the applicant

**PLEASE RETURN COMPLETED FORM TO:**  
Admissions  
University of Strathclyde  
McCance Building  
16 Richmond Street  
Glasgow, G1 1XQ, UK  
Tel +44 (0) 141 548 3195  
Fax +44 (0) 141 552 5860  
Email: admissions@strath.ac.uk

### For Applicant's Use

Please print your name and course applied for below and then send the form to your referee

Name (BLOCK CAPITALS)

Degree applied for:  
(Please Tick)

PhD  MPhil  DBA  LLM  DEdPsy  MRes  EngD  EdD  MSc  MLitt  MEd  MEnvS  MArch  MIM   
PGDip  PGCert  Non-graduating

Department

Course Title

Research Degree Subject

### For Referee's Use

The above candidate is applying to the University of Strathclyde for admission to postgraduate study and it would be of great assistance to the University in considering his/her application if you would kindly complete this form or attach a reference addressing these questions to your own notepaper.

#### 1. For how long and in what capacity have you known the applicant?

**2. What is your assessment of the applicant's intellectual ability?** (It would be helpful if, in the case of an applicant who has already graduated, you could indicate whether you consider the class of degree achieved fairly represented his/her academic calibre. If the applicant has not yet graduated we should be grateful if for a realistic assessment of his/her degree prospect).

**3. In your opinion, is the applicant suitably motivated towards and suitable for postgraduate study?** What do you consider to be his/her principal qualities & weaknesses?

**4. If you wish to add further information you feel may be relevant please do so here or add an additional sheet.**

**Referees Signature**

**Date**

**Name and Position**

**Address**

**Official Stamp**

**Telephone No**

**Fax No**

**Please send the completed form to:**

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