



# CITY UNIVERSITY LONDON

Reference form for applications  
to Postgraduate Programmes

School of Social Sciences, City University,  
London, EC1V 0HB

Tel: 020 7040 8512 Fax: 020 7040 8580

Programme of study:

Applicant's name:

Instructions for the applicant and referees

**To the applicant:** Please forward this reference form to your referee. Upon receipt of the completed, sealed references please forward them on to the relevant admissions office in a clearly marked envelope.

**To the referee:** The above named person has applied to be admitted to a postgraduate Programme at City University, London and has given your name as a referee. We would be most grateful if you would provide us with a reference on the applicant's academic and general ability to undertake the proposed Programme of study named above. Please complete the questions on this form or attach a written statement of reference on letter headed paper. Your reply will be treated in confidence by the University.

**Important:** Please place the reference in an envelope which should be sealed, signed across the seal and the signature covered with clear tape to ensure confidentiality. The envelope should then be returned to the applicant who will forward it to the University.

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

2. What do you consider to be the applicant's main strengths and weaknesses?

3. Bearing in mind the specialism chosen, what is your opinion of the applicant's suitability for this programme?

4. Is there any information which you feel is relevant? (e.g. expected examination results, if appropriate) Please continue on a separate sheet if necessary.

5. Please rate the applicant with respect to the following categories:

		Outstanding (top 5%)	Above average	Average	Below average	No of students in group
Academic potential		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Analytical ability		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Originality		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Capacity for fluent and logical communication	Oral	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
	Written	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Diligence		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Overall rating		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Name and position

Address

Tel/Fax

Email

Referee's signature

Date

Institution stamp (if unavailable please provide a compliment slip or sample of headed paper).