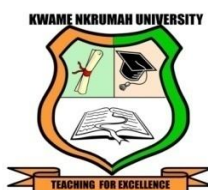


KWAME NKRUMAH UNIVERSITY



ACADEMIC/PROFESSIONAL REFERENCE FORM FOR ADMISSION TO POSTGRADUATE STUDIES

(Please print 3 copies of this form; 2 to be filled by Academic Referees and 1 to be filled by a Professional Referee)

A. TO BE COMPLETED BY APPLICANT

1. Applicant's Surname:.....

Applicant's Forenames:

2. Indicate with a tick (✓) the degree program you have applied for:

S/No.	PROGRAMME	CHOICE (✓)
1.	Master of Arts in Educational Administration and Leadership	
2.	Master of Arts (MA) in History	
3.	Master of Arts in (MA) Religious Studies	
4.	Master of Education (MEd) in Special Education	
5.	Master of Arts (MA) in Civic Education	
6.	Master of Arts (MA) in General Linguistics	
7.	Master of Science (MSc) in Geography	
8.	Master of Business Studies	
9.	Master of Business Studies (Accountancy)	
10.	Master of Business Studies (Marketing)	
11.	Master of Business Studies (Entrepreneurship)	
12.	Master of Business Studies (Human Resource Management)	
13.	Master of Business Studies (Information Systems)	
14.	Master of Business Administration (Generic)	

B. TO BE COMPLETED BY THE REFEREE

1. Referee’s Name:
2. University/Institution:
3. Postal Address:
.....
4. Referee’s E-mail address:Mobile number:.....
5. Please indicate for how long you have known the applicant:
6. In what capacity have you known the applicant?
.....
.....
7. In your assessment, what do you consider to be the applicant’s strength relevant to the proposed program of study?
.....
.....
8. On the scale below, please rate the applicant relative to others you have known who have gone on to pursue postgraduate studies, by simply ticking (√) in the appropriate cell.

	<i>Excellent</i>	<i>Very Good</i>	<i>Good</i>	<i>Average</i>
ACADEMIC PERFORMANCE				
INTELLECTUAL POTENTIAL				
CREATIVITY AND ORIGINALITY				
MOTIVATION				
POTENTIAL TO CONDUCT RESEARCH				

9. Kindly intensify your assessment of the applicant by describing any other abilities, strength and areas of weakness that you may know:
.....
.....
.....
.....

.....

Referee's Signature:Date:

All statements will be kept confidential. Please mail the completed form to:

**THE DIRECTOR
DIRECTORATE OF RESEARCH AND POSTGRADUATE STUDIES
KWAME NKRUMAH UNIVERSITY
P. O. BOX 80404
KABWE
Z A M B I A**