

**COLLEGE OF MEDICINE**

**PROFESSIONAL REFERENCE FOR ADMISSION TO POSTGRADUATE STUDIES**

**TO BE COMPLETED BY APPLICANT**

1. Applicant’s Name **………………………………………………………….....……………...……….………….....**

2. Details of programme of study**:**

 Name**:………………………………………………………………......……………………………………………**

 Specialization (For MMED & MPH)**:...….......…………………………………....……………………..................**

 Department (For MPHIL/PHD)**:…...….......………………..……………...……………………………….............**

3. **TO BE COMPLETED BY THE REFEREE**

 Referee’s Name: **……………………………………………….....…………………….………………...................**

 University/Institution: **……………………………………………….....………………………………...................**

 Position held: **……………………………………………….....……………………………….................................**

 Postal Address: **……………………………………………………………........………………………...................**

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4. **REFEREE’S COMMENTS (Please give the candidate evaluation in the spaces provided by** **answering all**

 **the questions below)**

 (a) How long and in what capacity have you known the applicant?

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 (b) What do you consider the applicant’s talents or strengths?

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 (c) Any other comments (if you have any further comments to add please use the space provided below).

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 Referee’s Signature**:…………………………………………...…………**  Date**:………………………………**

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

**THE REGISTRAR**

**COLLEGE OF MEDICINE**

**PRIVATE BAG 360**

**CHICHIRI BLANTYRE 3, MALAWI**

**ATTENTION: ASSISTANT REGISTRAR (ACADEMIC)**

**TEL: +2651871911, +265 (0) 1 874 107, FAX +265 (0) 1 874 700**

**E-mail:** **admissions@medcol.mw**