

**COLLEGE OF MEDICINE**

**ACADEMIC REFERENCE FOR ADMISSION TO POSTGRADUATE STUDIES**

**TO BE COMPLETED BY APPLICANT**

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

2. Programme of Study**:**

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

 Specialization**:…………………………………………….....…………………………………………….**

**TO BE COMPLETED BY THE REFEREE**

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

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

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

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

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7. How confident do you feel that the applicant could successfully complete the intended programme?

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8. Would this applicant be admissible to Postgraduate Studies at your University or other higher

 educational institution?

 Yes (specify at what level) **………………….....………………………….....……………………….....**

 No (specify why) **……………………………………………….....………………………....................**

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9. What do you consider to be the applicant’s strength? What weaknesses will be improved by

 Postgraduate study?

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10. On this scale, please rate the applicant relative to others you have known who have gone on to study.

EXCELLENT GOOD AVERAGE

 Top 2% Top 5% Top 10% To 25% 50%

ACADEMIC PERFORMANCE: **……………… ……………. ……………....**

INTELLECTUAL POTENTIAL: **……………… ……………. ……………....**

CREATIVITY AND ORIGINALITY: **……………… ……………. ……………....**

RESEARCH ABILITY: **……………… ……………. ……………....**

MOTIVATION: **……………… ……………. ……………....**

Please amplify your evaluation by describing any special aptitude/ability and weakness of the applicant.

**………………………………….....……………………….........................................................................**

**………………………………….....……………………….........................................................................**

Referees Signature**: ………………………..……………..…….**  Date**: ……….….…………....**

All statements will be kept confidential. Please mail the completed form 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** **Copy:** **postgraduateadmin@medcol.mw**