

**COLLEGE OF MEDICINE**

**PROFESSIONAL REFERENCE FOR ADMISSION TO POSTGRADUATE STUDIES**

**TO BE COMPLETED BY APPLICANT**

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

2. Programme of Studies**:**

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

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

3. REFEREE’S COMMENTS (Please give your candidate evaluation of the applicant in the spaces provided

below).

4. Please answer all the questions.

(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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4. (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**](mailto:admissions@medcol.mw) **Copy:** [**postgraduateadmin@medcol.mw**](mailto:postgraduateadmin@medcol.mw)