



**CENTRAL
UNIVERSITY**

FAITH • INTEGRITY • EXCELLENCE

SCHOOL OF GRADUATE STUDIES

PROFESSIONAL REFEREE’S CONFIDENTIAL APPRAISAL FORM

A. TO THE REFEREE

The candidate named below has applied for admission to a graduate programme in Central University. Your completion of this confidential appraisal form will aid us greatly in our assessment of the applicant.

PLEASE RETURN DIRECTLY TO:

THE ASSISTANT DIRECTOR
SCHOOL OF GRADUATE STUDIES
CENTRAL UNIVERSITY
P. O. BOX DS 2310
DANSOMAN. ACCRA, GHANA

(IT WOULD BE GREATLY APPRECIATED IF YOU COULD, AS SOON AS POSSIBLE, TAKE ACTION ON THIS FORM, BECAUSE WITHOUT A REFEREE’S REPORT AN APPLICATION IS DEEMED INCOMPLETE AND SHALL NOT BE CONSIDERED)

B. TO BE COMPLETED BY CANDIDATE

Applicant’s Name:.....

Programme applied for.....

Please indicate your general assessment of the applicant and any other comments that you may wish to make:

Industry and Resourcefulness

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Professional Commitment.....

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What do you consider to be the applicant's unique personal characteristics?
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What are his/her strengths and weaknesses?
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What do you consider to be the applicant's significant accomplishments?
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Please comment on the applicant's potential for professional advancement and leadership
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REFEREE'S DETAILS

Title.....

Name.....

Institution.....

Department.....

Position.....

Telephone Number.....

Email Address.....

Date.....