

FORM C

6. Please comment on the applicant's aptitudes and/or weaknesses and any other remarks that you may feel are important and relevant to his / her post-graduate study.

Appraisal

Please make an appraisal of the applicant's abilities/qualities in comparison with other students in the same field whom you have known or taught. Please mark the appropriate classification.

	Outstanding (Top 5%)	Excellent (Top10%)	Good (Top Third)	Fair (Middle Third)	Poor (Bottom Third)	Unable to judge
Intellectual Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Analytical Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability in Oral Expression*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability in Written Expression*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Work with Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Persistence/ Drive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Originality/ Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* Applicants will be required to undertake studies in English.

Overall Recommendation

- Strongly recommended
 Recommended
 Recommended with reservations
 Not recommended

Referee Details

Name: _____
Position/Title: _____
Institution: _____
Institution Address: _____
Telephone Number: _____
Facsimile Number: _____
E-Mail Address: _____

Date

Signature