



**POSTGRADUATE REFERENCE FORM**  
**CONFIDENTIAL**

OPEN REFERENCE: Please note that information given on this form may be disclosed to the applicant

**PLEASE RETURN COMPLETED FORM TO:**  
Admissions & Compliance  
Registry  
University of Strathclyde  
Glasgow, G1 1XQ, UK  
Tel +44 (0) 141 552 3195  
Fax +44 (0) 141 552 5860

**For Applicant's Use**

Please print your name and course applied for below and then send the form to your referee

Name (BLOCK CAPITALS)

**Degree applied for:**  
(Please Tick)

- PhD  MPhil  DBA  LLM  DEdPsy  MRes  EngD  EdD  MSc  MLitt  MEd  MEnvS  MArch  MIM   
PGDip  PGCert  Non-graduating

Department

Course Title

Research Degree Subject

**For Referee's Use**

The above candidate is applying to the University of Strathclyde for admission to postgraduate study and it would be of great assistance to the University in considering his/her application if you would kindly complete this form or attach a reference addressing these questions to your own notepaper.

**1. For how long and in what capacity have you known the applicant?**

**2. What is your assessment of the applicant's intellectual ability?** (It would be helpful if, in the case of an applicant who has already graduated, you could indicate whether you consider the class of degree achieved fairly represented his/her academic calibre. If the applicant has not yet graduated we should be grateful if for a realistic assessment of his/her degree prospect).

**3. In your opinion, is the applicant suitably motivated towards and suitable for postgraduate study?** What do you consider to be his/her principal qualities & weaknesses?

**4. If you wish to add further information you feel may be relevant please do so here or add an additional sheet.**

**Referees Signature**

**Date**

**Name and Position**

**Address**

**Official Stamp**

**Telephone No**

**Fax No**

**Please send the completed form to:**

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G1 1XQ, UK, Tel +44 (0) 141 552 3195, Fax +44 (0) 141 552 5860