

**REFEREE’S REPORT**

***Confidential Reference for an Applicant for admission to study a Research Degree at the University of Leeds.***

The Referee should then complete and endorse **Section B** with a signature/stamp and return the reference by email to fmhpgradmissions@leeds.ac.uk

**Section A** – **Section B** – to be completed by the Referee

**Applicant Details Referee Details**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Family Name |  |  | Family Name |  |
| Other Name(s) |  |  | Other Name(s) |  |
| Title |  |  | Title |  |
| Programme of Study applied for |  |  | How long have you known the Applicant? |  |
| School/Department applied to  | Faculty of Medicine and Health |  | In what capacity do you know the Applicant? |  |
|  |  |  | If this is an academic reference, please state the academic institution in which you are/were employed |  |
|  |  |  | E-mail/telephone number |  |

The Applicant named above has applied to study at the University of Leeds and has named you as a Referee. We would be most grateful if you could let us know confidentially whether in your opinion the Applicant possesses the necessary academic and personal qualities to undertake such a course.

In addition, it would be helpful if you could provide us with the following information, in as far as you are able:

* The standard, actual or anticipated, of the applicant’s current/previous academic work
* Your opinion and expectations of the applicant’s ability in research and writing
* Your opinion of the suitability of the proposed field of study/research area for the applicant
* Your opinion of the extent to which the applicant’s personal circumstances make them a suitable recipient of a Scholarship

In order to assist the Applicant in receiving a prompt decision about their application we would be grateful if you could return the reference **as soon as possible.**

|  |  |
| --- | --- |
| **REFERENCE**ACADEMIC/CHARACTER (please delete as appropriate)

|  |
| --- |
| ***Institution Stamp***  |

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**Please continue on a separate sheet if necessary**

**Signed ………………………………………………………………………………………….. Date …………………………………………………………**

 **(Referee)**

**Faculty of Medicine and Health**

**Faculty Graduate School**

**REFEREE’S REPORT**

We would be most grateful if you could complete this form and inform us, how you would rate the student against each criteria listed below.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Excellent****(Students within top 5%)** | **Good****(Students within top 20%)** | **Satisfactory****(Students within top 50%)** | **Poor****(Students not within top 50%)** |
| Quality of work |  |  |  |  |
| Academic potential |  |  |  |  |
| Reliability |  |  |  |  |
| Attendance/punctuality |  |  |  |  |
| IT skills |  |  |  |  |
| Communication skills |  |  |  |  |
| Relationships/teamwork |  |  |  |  |
| ***Additional Comments:*** |

Please return the completed reference form to fmhpgradmissions@leeds.ac.uk