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|  | Reference for an Applicant for Postgraduate or Advanced StudyPlease complete in black ink or type |

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| **PART A: TO BE COMPLETED BY THE APPLICANT** |
| **APPLICANT DETAILS** |
| Surname/Family Name  |       |  Title |       |  |
|  |
| First/Given Name(s) |       |  |
| **PROPOSED PROGRAMME DETAILS** |
| Title of Programme  |       |  Code |       |  |
|  |
| Proposed Start Date |       |  |
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| **PART B TO BE COMPLETED BY THE REFEREE** |
| **On completion, this form should be returned to the applicant in a sealed envelope.**  |
| The above-named has applied to this University for admission as a postgraduate or advanced student and has been asked to send a copy of this form to each referee. We would be grateful if you would give, in PART C overleaf, a general statement about the applicant’s ability and suitability for the taught programme or research stated above, and answer the questions below. |
| Any information that will be of assistance to the Admissions Tutor concerned will be welcomed and will be treated in confidence at this stage. Admission to postgraduate studies is highly competitive and great reliance is placed on referees’ reports, which therefore should be as full as possible. We thank you in advance for your assistance. |
| **Please supply the following details and complete PART C overleaf** |
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| 1. How long have you known the applicant?
 |       |  |
|  |
|  Have you taught the applicant yourself and, if so, what subject and for how long? |
|  |       |  |
| 1. If the applicant has not yet graduated, what class or grade of degree do you expect them to obtain?
 |
|  |       |  |
| 1. Would the applicant be eligible to proceed to higher degree study in your University?
 |
|  |       |  |
| 1. Do you consider the applicant to have sufficient background knowledge of the subject proposed to proceed directly to independent research with guidance from an academic supervisor or would the applicant be better suited to a taught programme?
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|  |       |  |
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**Please return to:**

**The Postgraduate Admissions Office, University of Exeter**

Innovation Centre, Rennes Drive, Exeter UK EX4 4RN

Tel: 01392 263035 Fax: 01392 263857

#### Email: pg-ad@exeter.ac.uk

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| **PART C TO BE COMPLETED BY THE REFEREE** |
| Please give your written reference here or attach a statement on official headed paper. Please sign the bottom of this page in all cases. |
| (Referees are asked to note that the applicant may seek disclosure of this reference under the provisions of the Data Protection Act) |
|  |       |  |
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| Name of Referee |       |  |
|  |
| Official Position |       |  |
|  |
| Name of Institution & Full Address |       |  | Official Stamp |  |
| **Signature** |  |  |  |  |
| **Date** |       |  |  |  |
|  |