

BPSKSU1B



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DIRECTOR POST GRADUATE STUDIES

Ref:

Date:

REFEREE'S CONFIDENTIAL REPORT

Please return a dully filled form to:

The Director
Post Graduate Studies
Kisii University
P.O. Box 408 - 40200
KISII

Section A (To be completed by the Candidate)

1. NAME OF THE CANDIDATE (surname first and other names in full):

.....

MAIDEN NAME IF APPLICABLE.....

2. DEGREE APPLIED FOR.....

3. DEPARTMENT /SCHOOL TO WHICH THE APPLICATION IS BEING MADE:

.....

4. FIELD OF STUDY:

.....

SECTION B: (To be completed by the referee)

5. FOR HOW LONG AND IN WHAT CAPACITY HAVE YOU KNOWN THE CANDIDATE:

6. PLEASE RATE THE CANDIDATE ON THE CHARACTERISTICS LISTED BELOW

	Excellent	Very Good	Good	Average	Below Average	Unable to Asses
Intellectual Capacity						
Capacity for persistence and independent study						
Ability for initiative and imaginative thought						
Promise of productive Scholarship						
Quality and Quantity of previous work						
Oral and written expression in English						

7. ON THE FOLLOWING SCALE, PLEASE RANK THE CANDIDATE AMONG THE STUDENTS YOU HAVE KNOWN

Top 10%

Top 25%

Top Average

Below Average

8. COMMENT FREELY ON THE CANDIDATE

.....

9. NAME OF THE REFEREE (IN BLOCK LETTERS)

.....

OFFICIAL STATUS:

Address.....

Mobile /Cell No: Email:

N.B. The referee should return the dully filled from directly to

The Director

Post Graduate Studies

Kisii University

P.O. Box 408 -40200

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