



REFEREE REPORT



TO THE APPLICANT

Please complete this section of the form, then pass it to the referees named on your application form, requesting that it be returned to you in a sealed envelope. Both sealed envelopes should then be returned with your application form.

Postgraduate Courses

Christian Spirituality - Christian Liturgy

Applicant's name (BLOCK CAPITALS):

.....

Address:

.....

.....

I hereby authorise the completion of this form. I waive my right of access to this information and understand that it will be used only for the purpose for which it was prepared.

Signature: Date:

- CONFIDENTIAL -

TO THE REFEREE

I should be grateful if you would use this form to give your opinion about the applicant's ability to pursue a postgraduate course. Please return the whole form to the prospective student in a sealed envelope and sign your name across the seal of the envelope.

May I thank you in advance for your co-operation in this matter, and at the same time give assurance that all information will be treated in the strictest confidence.

Simon Lever,
Academic Administrator, Sarum College

Tel: 01722 424827 (Tuesday – Thursday)
Email: simon.lever@sarum.ac.uk

REFEREE REPORT:

If the candidate's first language is not English, please comment on their level of competence:

	Excellent	Good	Fair	Poor
Written	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listening comprehension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spoken	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of referee (BLOCK CAPITALS):

Position:

Address:

.....

Signature: Date:

Please send me a college prospectus