

TO THE APPLICANT

Please complete two copies. Fill out of this section of the form (page 1), then pass a copy to each of the referees named on your application form. Please request that it be returned to you, sealed inside an envelope with a signature across the seal. The application process requires two references and therefore two reference report forms, contained in sealed envelopes, must be submitted. Both sealed envelopes should be returned with your application form.

## Postgraduate Courses

Programme being applied for:

Christian Spirituality

Christian Liturgy

Theology, Imagination and Culture

Christian Approaches to Leadership

Applicant's name (BLOCK CAPITALS):

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Address:

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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 cooperation in this matter, and at the same time give assurance that all information will be treated in the strictest confidence.

Should there be anything that you would like to discuss with me verbally, please don't hesitate to get in touch.

MA Administrator, Sarum College

Tel: 01722 424827  
Email: rnicklen@sarum.ac.uk

REFEREE REPORT:

*(Please continue on a separate page, if needed.)*

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: \_\_\_\_\_