

**TO BE FILLED IN BY THE APPLICANT**

Please complete this first page of this referee report and then email a copy to each of your referees. Please save a copy of this document to your computer before filling in the fields, to avoid losing your progress.

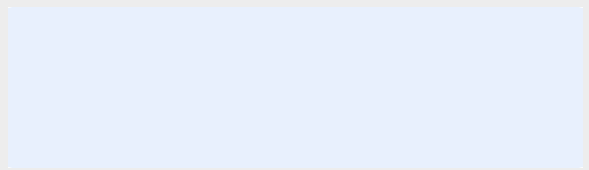
## Postgraduate Courses

Programme being applied for:

- Christian Spirituality
- Christian Liturgy
- Theology, Imagination and Culture
- Christian Approaches to Leadership

Applicant's name:
Address:
Primary Telephone:
Email 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.

Signed: (insert image of signature below)	Date:
	

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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 email this completed form to the MA Administrator at Sarum College, Alex Weir. Should there be anything you would like to discuss verbally, please don't hesitate to get in touch.

Tel: 01722 424827 Email: maadministrator@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:

Position:

Address:

Primary Telephone:

Email address:

Signed: (insert image of signature below)

Date: