MU/RAA/F02



## **Maasai Mara University**

## **REFEREE'S CONFIDENTIAL REPORT**

The candidate whose name is given below wishes to undertake post-graduate study in the University. The University would be very grateful for your commitment on the candidate's suitability for this programme.

## Please return the completed form directly to: REGISTRAR (ACADEMIC AFFAIRS) MAASAI MARA UNIVERSITY, P.O. BOX 861 - 20500, NAROK, KENYA

SECTION A: (To be completed by the candidate)

SECTION B: (To be completed by the Referee)

5. How long and in what capacity, have you known the candidate? .....

.....

6. Please rate the candidate on the following characteristics:

|                                | Excellent | V. Good | Good | Average | Below<br>Average | Unable to assess |
|--------------------------------|-----------|---------|------|---------|------------------|------------------|
|                                |           |         |      |         |                  |                  |
| Intellectual capability        |           |         |      |         |                  |                  |
| Capacity for persistent 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 sca<br>known:                                       | ale, please rank the ca | Indidate academically | / among the students you have |
|----|--|-------------------------|-----------------------|-------------------------------|
|    | Top 10%  | Top 25%                 | Average               | Below average                 |
| 8. | Comment on the candidate's proficiency in other languages (if known) |                         |                       |                               |
|    |  |                         |                       |                               |

| <br> |  |
|------|--|
| <br> |  |

9. Comment freely on the candidate:

| 10. | Name of Referee (in block capitals) | Signature of Referee |
|-----|-------------------------------------|----------------------|
|     | Official status                     | Date                 |
|     | Address                             |                      |
|     |                                     |                      |
|     |                                     |                      |
|     |                                     |                      |

N.B. The referee should return the completed form directly to:

The Registrar (Academic Affairs) P.O. Box 861 – 20500 <u>NAROK</u>