



# MICHAEL AND CECILIA IBRU UNIVERSITY

Knowledge alleviates poverty....

## SCHOOL OF POSTGRADUATE STUDIES

P.M.B 100, UGHELLI, DELTA STATE

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## REFERENCE FORM FOR APPLICANTS

All applicants are expected to request their referees to forward directly to the University this referee form.

### PLEASE PRINT ALL ENTRIES LEGIBLY

Name of Candidate (Surname First): \_\_\_\_\_

Programme Applied for: \_\_\_\_\_

Department of the programme Applied for \_\_\_\_\_

Faculty of the programme Applied for \_\_\_\_\_

Name of Referee (Surname): \_\_\_\_\_

Designation/Position: \_\_\_\_\_

### FAMILIARISATION

1. For how long have you known the candidate? \_\_\_\_\_

2. In what capacity? \_\_\_\_\_

Suitability of candidate for programme/course applied for; (capacity to work alone, team work ability and working under pressure)

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## PLEASE RATE CANDIDATE ON THE FOLLOWING CHARACTERISTICS:

	Intellectual Capacity for persistent and independent academic work	Ability for imaginative thought	Promise of Productive Scholarship	Quality of Previous work	Ability for Teamwork	Oral and Written expression in English
<i>Excellent</i>						
<i>Very Good</i>						
<i>Good</i>						
<i>Slightly Above Average</i>						
<i>Average</i>						
<i>Below Average</i>						
<i>Unable to Assess</i>						

Thank you for your cooperation.

NAME OF REFEREE: \_\_\_\_\_

INSTITUTION: \_\_\_\_\_

POSITION/RANK: \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

EMAIL \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_