**REQUEST FOR CONFIDENTIAL REFERENCE**

**Research, Innovation & Enterprise**

 Solent University

East Park Terrace

Southampton

SO14 0RF

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**TO THE CANDIDATE APPLYING FOR ADMISSION AS A POSTGRADUATE STUDENT**

Please complete sections A, B and C below before sending the form and envelope to each of the referees you have named on your application form.

A. Full Name (Please **underline** Surname/Family Name): …………………………………………………………………………………………………

B. Proposed Degree and Field of study: ………………………………….…………………………………………………………………………………………

C. Academic year in which you hope to start the programme (e.g. 2014): …………………..…………………………………………………

**TO THE REFEREE**

The person named above has applied for postgraduate study at Solent University, and has given your name as a referee. We should be grateful if you would provide, as soon as possible and in English please, a confidential opinion on this candidate’s personal and academic suitability for the proposed study.

This form is divided into two sections. *The first section* asks you to grade the candidate against a number of criteria. Please complete as much of the questionnaire as possible, as this information will be of great help to us in considering the application. You may find, however, that certain questions require a detailed knowledge of the candidate’s academic work (Questions 13 -15, for example). If you do not feel able to respond to some of the questions, please leave them blank.

*The second section* allows you to give any other useful information. You should comment here on the candidate’s personal academic suitability for the proposed study.

If the candidate has yet to complete a first degree or other qualification, I would appreciate some indication of the class or grade of award you expect him or her to obtain.

Would you please use the space on the back of this form and return it **direct to the candidate, sealed in an envelope, and signed across the seal.** The candidate will forward the application form together with the sealed reference to Solent University. Allowing the candidate to assemble and submit references in this way greatly speeds up the application process.

**If, however, you are unable to comply with this request**, would you please return the reference direct to us, marking the envelope “Confidential”. You should inform the candidate if the reference is sent directly to Solent University.

Thank you for your help.

**Doctoral Student Administrator**

**CONFIDENTIAL STATEMENT BY REFEREE**

**Section 1 – QUESTIONNAIRE**

1. Applicant’s name (please print)………………………………………………………………………………………………………………………………………

2. In what capacity do you know the candidate (E.g. tutor/employer)?……………………………………………………………………………

3. How long have you known the applicant?…………………………………………………………………………………………………………………………

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| INTELLECTUAL SKILLS | **Very good** | **Good** | **Satisfactory** | **Poor** |
| 4. Numeracy |  |  |  |  |
| 5. Ability to analyse and synthesise material from a range of sources |  |  |  |  |
| 6. Fluency in articulating an argument |  |  |  |  |
| 7. Information retrieval and presentation skills |  |  |  |  |
| 8. Originality of interpretation |  |  |  |  |
| 9. Sense of enquiry and ability to generate research hypotheses |  |  |  |  |
| 10. Ability to contribute to the life and work of the academic or professional community |  |  |  |  |
|  |  |  |  |  |
| PERSONAL QUALITIES | **Very good** | **Good** | **Satisfactory** | **Poor** |
| 11. Conscientiousness |  |  |  |  |
| 12. Perseverance |  |  |  |  |
| 13. Time management and organisation skills |  |  |  |  |
| 14. Ability to work alone |  |  |  |  |
| 15. Ability to work as part of a team |  |  |  |  |
| 16. Ability to work under pressure |  |  |  |  |
| 17. Health |  |  |  |  |
| 18. Ability to pursue his/her own initiative |  |  |  |  |

**Section 2 - FURTHER COMMENTS**

(Please continue on a separate sheet if necessary)

Name of Referee ……………………………………………………………………………………. Signature ………………………………………………………

Position held …………………………………………………………………………………………… Date ………………………………………………………………

Institution/Company

Name and address ………………………………………………………………………………………………………………………………………………………………………