

Email:

## **Graduate Reference Form**

University of Leicester · University Road Leicester LEI 7RH · England

SECTION I TO THE APP	LICANT		
		the Guidance Notes. Please complete this sect is should be sealed and stamped and returned w	
Surname/Family name:	First names:	Title (Dr, Mr, Ms, etc):	DOB:
PROGRAMME OF STUDY		COURSETITLE (or field of study, if	applying for research)
MA MSc LLM MBA PhD Other  full time part time	MPhil MEd (Research) Occasional Diploma Certificate	DEPARTMENT	
Commencing in	(year)		
APPLICANTS FOR RESEARCH	Н		
Give a brief description of your propose	ed research topics or interests, including	the formal title of the proposed field of study.	
SECTION 2 TO THE REFER	EE E		
in confidence, your opinion of the candid	date's suitability for the proposed course sition in class (including the total number	of Leicester, and has named you as a referee. Ve of study. When commenting on his/her acaderer of students in the class). If an exact position	nic performance please give, if
Please return this form sealed and stamp	ped to the applicant concerned.Thank y	ou for providing a reference.	
Please note that the university may, if ap	plicant/student makes a request, show the	nis reference to the applicant/student.	
Surname/Family name:	First names:	Title (Dr, Mr, Ms,	etc):
Position:			
Relationship to Applicant:			
Address:			
Tel:		Fax:	

	CA			

Signature of Referee Date