

REFERENCE FORM
To be completed by Applicant:

Name of Applicant	
Programme/Research degree applied for:	

The above named Applicant is applying for a course of postgraduate study at The Management & Science University (MSU) and has named you as a referee. Please complete this form **and either** returns it directly to the University at the address shown as below, *or* place it in a sealed envelope, sign across the seal and return it to the applicant for forwarding to us.

To be completed by Referee:

1	How long have you known the applicant and what is your relationship with him/her. Number of Years Known: _____ Relationship: _____ (i.e Teacher, Lecturer, Former Employer & etc)																									
2	How do you rate his/ her academic ability? <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor <input type="checkbox"/> Very Poor																									
3	The applicant is to embark on a course of further study. Please indicate the standard of results do you think he/ she is capable of achieving? <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor <input type="checkbox"/> Very Poor																									
4	Adopting an overall view, what do you consider is the applicant's major talents and most significant weakness to be?																									
5	In which category, would you place the applicant in relation to the descriptive term? <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Ability</th> <th style="width: 10%;">Excellent</th> <th style="width: 10%;">Average</th> <th style="width: 10%;">Poor</th> <th style="width: 10%;">Unable to access</th> </tr> </thead> <tbody> <tr> <td>Responsible</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Hardworking</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Trustworthy</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Strong Leadership skills</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table>	Ability	Excellent	Average	Poor	Unable to access	Responsible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hardworking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Trustworthy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Strong Leadership skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Strong Leadership skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																						
6	Any further comment which you feel will be helpful?																									



7	How strongly do you support this application and the candidate? <input type="checkbox"/> Strongly Recommended <input type="checkbox"/> Recommended <input type="checkbox"/> Recommended, with reservations <input type="checkbox"/> Do not Recommended
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Name of the Referee	
Position	
Organisation Name & Address	Name of Institute/ Organisation: _____ Address: _____ _____ City: _____ State: _____ Postcode: _____ Country: _____
Contact Number & Fax	
Email	
Referee's Signature:	If applicable, please use Institution/University/ Organisation official stamp
Date:	

Thank you for your time and co-operation in completing this reference form.

Please return the completed form to:

Graduate School of Management (GSM)
Management & Science University (MSU)
Learning Centre, KL
Level 3, Platinum Sentral, Jalan Stesen Sentral 2
KL Sentral, 50470 Kuala Lumpur, Malaysia.
Tel: 60- 3 – 27184300/4301/4302 Fax: 60- 3 – 27184325
Email: gsm@msu.edu.my Website: <http://www.msu.edu.my>