



# letter of recommendation form

PLEASE TYPE OR USE BLOCK CAPITALS IN BLACK INK AND WRITE INSIDE THE BOXES

## APPLICANT

Please complete this section. Give this form to the person who you have asked to act as your referee. When that person returns both their letter of recommendation and the form in a sealed envelope to you, include it with your application.

Surname/Family name	<input type="text"/>	First/given names	<input type="text"/>
Proposed postgraduate degree including level of study (e.g. MA English Studies, PhD Oncology)			
School/Department (e.g. School of Medicine)			
Applicant's signature			Date <input type="text"/>

## REFEREE

Please complete this section below and enclose a separate letter about the candidate on official headed note paper. Indicate how long and in what capacity you have known the applicant. Discuss the applicant's qualifications and potential to undertake advanced study/research in the chosen discipline. Describe the applicant's motivation and intellect and discuss both strong and weak points. Please write frankly. Give specific examples rather than general statements. If the applicant's first language is not English, please comment on his/her ability to read, write and speak English. In the table below, please compare the applicant with current undergraduates at your institution where appropriate.

	Top 5%	Top 10%	Top 25%	Top 50%	Bottom 50%
Academic Performance	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Intellectually	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Capacity for original thinking	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Motivation for graduate study	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Referee's Name	<input type="text"/>	Title (Dr/Prof/Mr/Mrs/Miss/Ms)	<input type="text"/>
Name and address of Institution	<input type="text"/>		
Institution Name			
<input type="text"/>			
<input type="text"/>			
Referee's Signature			Date <input type="text"/>

Please enclose the completed form along with your letter of recommendation in a sealed envelope and sign it across the seal. Return the envelope to the applicant who will forward it with his/her application. If this is not possible, send this reference direct to the Research & Graduate Support Unit, Christie Building, The University of Manchester, Oxford Road, Manchester M13 9PL UK. Please remember that under the Data Protection Act, when you write a reference for an applicant they can ask for a copy of the reference and any other personal information that The University holds on them.