

Postgraduate Reference Form

UNIVERSITY OF
NEWCASTLE UPON TYNE



Confidential

Section 1 is to be completed by the applicant. The form and the enclosed envelope should then be passed on to the referee who will complete the rest of the form and then return it direct to the University.

Section 1

Full name of applicant			
Proposed qualification of study (please tick)	Certificate <input type="checkbox"/>	Diploma <input type="checkbox"/>	MA <input type="checkbox"/> MEd <input type="checkbox"/>
	MRes <input type="checkbox"/>	MSc <input type="checkbox"/>	Integrated PhD <input type="checkbox"/> MPhil <input type="checkbox"/>
	MLitt <input type="checkbox"/>	PhD <input type="checkbox"/>	Other (Please specify) <input type="text"/>
Title of programme of study			
School			
Graduate School	Faculty of		

Section 2

TO THE REFEREE – URGENT

The above named student is applying for postgraduate study at this University and has named you as a referee. I would be grateful if you could complete this form and return it as soon as possible to the relevant Graduate School at the address shown overleaf.

Name of Referee			
Position			
Address			
		Post Code	
Telephone Number		Fax Number	
E-mail			
How long and in what capacity have you known the applicant?			

Please give the result of any examinations taken or predict the result of examinations to be taken.

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If the applicant's first language is not English please comment on his/her level of competence in English language.

	Excellent	Good	Fair	Poor
written	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
listening comprehension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
spoken	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Referee's Confidential Report

Please provide comments on the academic suitability and, if relevant, research ability of the candidate for the proposed programme of study. Where appropriate comment on the performance of the candidate in any post or position of responsibility held.

Signature

Date

Institution /
University official stamp

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

Please forward this reference to the relevant Graduate School:

Faculty of Humanities and Social Sciences
Graduate School
University of Newcastle upon Tyne,
7th Floor Daysh Building
Newcastle upon Tyne NE1 7RU
United Kingdom.

Tel: +44 (0) 191 222 5503
Fax: +44 (0) 191 222 7001
E-mail: hss.gradschool@ncl.ac.uk

Faculty of Science, Agriculture and
Engineering Graduate School
University of Newcastle upon Tyne
Ground Floor, Agriculture Building
Newcastle upon Tyne NE1 7RU
United Kingdom.

Tel: +44 (0) 191 222 6100/6147
Fax: +44 (0) 191 222 8509
E-mail: sage.gradschool@ncl.ac.uk

Faculty of Medical Sciences
Graduate School
University of Newcastle upon Tyne
Medical School, Framlington Place
Newcastle upon Tyne NE2 4HH
United Kingdom.

Tel: +44 (0) 191 222 7002
Fax: +44 (0) 191 222 6521
E-mail: medpg-enquiries@ncl.ac.uk

If you are unsure which Graduate School to post your application to, please send it to:

Postgraduate Admissions
c/o Student Progress Section,
University of Newcastle upon Tyne
6 Kensington Terrace
Newcastle upon Tyne, NE1 7RU
United Kingdom.

Tel: +44 (0) 191 222 6587
Fax: +44 (0) 191 222 8484