



CHALIMBANA UNIVERSITY

Email: chau.univ@gmail.com

Phone: 0977 485465

PROFESSIONAL REFERENCE FOR ADMISSION TO GRADUATE STUDIES

- 1. Applicant's Name.....
- 2. Programme of Study; Diploma/Masters/ Doctorate (circle one).
- 3. Title of Academic Programme Applied for.....
- 4. School/Department.....
- 5. Referee's Name..... Position.....
- 6. University/ Institution.....
- 7. Postal Address.....
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8. **REFEREE'S COMMENTS** (Please give your candid evaluation of the applicant in the spaces provided below).

9. Please answer all the questions.

(a) How long and in what capacity have you known the applicant?

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(b) What do you consider the applicant's talents or strengths?

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(c) Any other comments (if you have any further comments to add please use the space provided below)

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Referee's Signature..... Date.....

All statements will be kept confidential. Please mail the completed forms to;

Director

Directorate of Research and Graduate Studies

Chalimbana University

Private Bag E 1,

LUSAKA

Zambia