

REFEREE REPORT

To be completed by the applicant

Please complete this first page and email a copy to each of your referees.

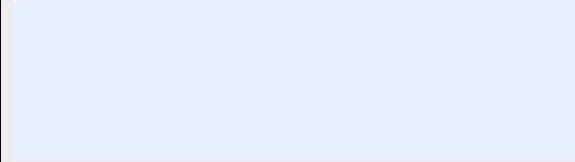
Postgraduate Courses

Select the programme you wish to apply for:

- Christian Spirituality
- Theology, Imagination and Culture

Applicant's name:
Address:
Primary Telephone:
Email address:

I hereby authorise the completion of this form. I waive my right of access to this information and understand that it will be used only for the purpose for which it was prepared.

Signed: (insert image of signature below)	Date:
	

TO BE FILLED IN BY THE REFEREE

Please use this form to give your opinion about the applicant's ability to pursue a postgraduate course. Please email this completed form to the MA Administrator at Sarum College. Should there be anything you would like to discuss please don't hesitate to get in touch.

Email: cwhimpenny@sarum.ac.uk Working hours: Monday to Thursday 8.30-4.30pm

REFEREE REPORT:

(Please continue on a separate page, if needed.)

If the candidate's first language is not English, please comment on their level of competence:

	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"/>

Name of Referee:

Position:

Address:

Primary Telephone:

Email address:

Signed: (insert image of signature below)

Date: