

ANAN UNIVERSITY

Kwall, Plateau State, Nigeria

REFEREE FORM

Print Date: 09/12/2025 17:10:32

NOTE: You are expected to scan this form and upload in PDF file format after filling it.

(PART 1)

Candidate's Referee details (three referees):					
Name of Referee:					
Contact Address:					
Phone Numbers:					
Email Address:					
<u>(PART 2)</u>					
Dear The candidate whose details appear below wishes to undertake a post-graduate programme in our University and has chosen you as a referee. Kindly assist in completing this form in order to enable us determine the candidate's suitability for the selected academic programme.					
Candidate Details:					
Name:					
Course of Study:					
Department:					
Faculty/School:					
Faculty/School:					

Degree Applied	For:									
									•••••	
(a)Mode of Stud	dy: Full-time	Full-time (b)Part-time								
(a) 1-5 y (b) 6-10 (c) 11 ye 2. In what ca (a) Siblir (b) Frien (c) Spou (d) Colle (e) Form	years ears & above pacity have you ng/Relative nd se	know ti	he candida		ristic					
			Excellent	Very go	ood	Good	Above average	Average	Below Average	
Intelligent capa	city									
Capacity for independent academic study										
Creative and imaginative capacity										
Promise of productive scholarship										
Moral character										
Emotional and psychological stability										
Ability for oral and written expression in English lang.										
(a)Yes (b)No	cept the candida					the need	arise?			
Below Average	Average	Ab	Above Average		Good		Outstanding	Very exce	Very exceptional	

6. Have you any objection, if the content of this evaluation organization if the need arises?	ation may be disclosed to any award giving
(a)Yes	
(b)No	
7. Comment freely on the candidate?	
Name of Referee	Signature of Referee/Date
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Rank/Profession of Referee	Institution/Organization