Postgraduate Referee Form



The applicant must send this form electronically to each of the referees nominated on the application form.

Арр	licant							
Family name				First name				
Refe	eree							
Name				Position/title				
University/Company				Phone				
Address				Email				
1. H	ow long have you known the applic	ant?	Years	Months	;			
2. B	riefly describe the extent of your kn	owledge of the	applicant's	work including	g publication:	s/papers/ot	her relevant re	search.
3. P	lease rate the applicant's performan	ce in the areas	named belo	ow using your	present knov	vledge of th	e applicant.	
		No						
		opportunity to observe	Below average	Average	Above average	Good	Very good	Excellent
(i)	Knowledge of own discipline	\bigcirc	\circ			\bigcirc		\bigcirc
(ii)	Ability to express ideas	Ō	Ō	Ō	Ō	Ō	Ō	
(iii)	Command of research techniques	Ō	Ō			Ō	Ō	\bigcirc
(iv)	Critical and/or analytical ability	Ō	Ō	$\overline{\bigcirc}$	Ō	Ō	Ō	Ō
(v)	Initiative and motivation	Ō	Ō	Ō	Ō	Ō	Ō	\bigcirc
(vi)	Ability to plan	Ō	Ō	Ō	Ō	Ō	Ō	\circ
(vii)	Perseverance in pursuing aims	Ō	Ō	$\overline{\bigcirc}$	$\overline{\bigcirc}$	Ō	Ō	Ō
(viii)	Teaching or tutoring ability	$\overline{\bigcirc}$	Õ	$\tilde{\bigcirc}$	$\tilde{\bigcirc}$	$\tilde{\bigcirc}$	$\tilde{\bigcirc}$	Ō
(ix)	Aptitude for research	Ö	Ö	\circ	\circ	Ö	Ö	
	lease comment on the reasons for t itegrity, in the box below. In particu							
	the minimum time required.	iai, we would iii	CE TO KLIOM M	viletilei you ti	шк ше аррік	Sant Can CO	пресе а гезеа	iicii degiee
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R	eferee's signature			Date				

The referee is requested to complete and sign this report and either:

EMAIL the report to **scholarships@lincoln.ac.nz**

OR PRINT and sign this report and post to:

Note: Please save the form and attach it to your email.

Scholarships Office, George Forbes Building, PO Box 85084, Lincoln University, Lincoln 7647, Christchurch, New Zealand