

**Reference for  
Postgraduate Study  
(Confidential)**

UNIVERSITY OF WALES  
L A M P E T E R



PRIFYSGOL CYMRU  
LLANBEDR PONT STEFFAN

Academic Registry, University Of Wales, Lampeter, Wales SA48 7ED  
Tel: 01570 424831 Fax: 01570 424900  
pgadmissions@lamp.ac.uk

**TO THE APPLICANT**

Please complete this section in **BLOCK CAPITALS** or **TYPESCRIPT**. Failure to complete some fields may result in a delay in processing. Ensure that the information on this page is the same as on your application. Once completed, pass the form on to the named referees on your application form, requesting that it be returned to you.

**Full Name:** .....

**Permanent address:**  
.....  
.....  
.....

**Qualification for which you are applying for:** .....

**Title of proposed degree course:** .....

**Proposed start date:** .....

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**TO THE REFEREE**

This candidate has applied to the University for the programme shown above and has given your name as a referee

I would be grateful if you would use this form to give your opinion about the applicant's ability to pursue a postgraduate course. Please return the whole form to the prospective student in a sealed envelope and sign your name across the seal of the envelope.

May I thank you in advance for your co-operation in this matter, and at the same time give my assurance that all information will be treated in the strictest confidence.

*Academic Registry*

*Please turn over.....*

**REFEREE'S REPORT**

Full name of referee: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Position and relationship to the candidate: \_\_\_\_\_  
\_\_\_\_\_

Reference for (Applicant's name) : \_\_\_\_\_

PLEASE CONTINUE ON A SEPARATE SHEET IF NECESSARY

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

	Written	Excellent	Good	Fair	Poor
Written	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Spoken	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>

Referee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE PLACE IN A SEALED AND SIGNED ENVELOPE AND RETURN TO THE STUDENT**