



POSTGRADUATE INSTITUTE OF SCIENCE (PGIS)

UNIVERSITY OF PERADENIYA

REFEREE'S REPORT FOR M.Sc. PROGRAMMES

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To be filled by the Applicant:

Title of the M.Sc. Programme:

Name of the Applicant:

Please request the referee to complete the report below and forward it to: **Director, Postgraduate Institute of Science, P.O. Box 25, University of Peradeniya, Peradeniya** before the closing date of applications.

To be filled by the Referee:

Name of Referee:

Designation and Institution:

Address: Phone:

..... Fax:

..... E-mail:

1. How long have you known the applicant?
2. In what capacity have you known the applicant?
3. In the rating chart below, please evaluate the applicant in comparison with other students whom you have known during your professional career.

| | Excellent | Very Good | Average | Below Average | Unable to Evaluate |
|-----------------------------------|-----------|-----------|---------|---------------|--------------------|
| Overall Intellectual Ability | | | | | |
| Practical Ability | | | | | |
| Creativity | | | | | |
| Knowledge of the Subject | | | | | |
| Work Habits | | | | | |
| Teaching Potential | | | | | |
| Motivation/Seriousness of Purpose | | | | | |
| Leadership Skills | | | | | |
| Resourcefulness & Initiative | | | | | |
| Maturity & Personal Character | | | | | |

4. Please indicate (√) where the applicant would rank among the students currently in your department/ Institution.

| Top 5% | Top 10% | Top 25% | Top 50% | Other |
|--------|---------|---------|---------|-------|
| | | | | |

5. Please provide your evaluation of the candidate with regard to his/her past performance and ability to pursue and successfully complete the program.
(If you wish you may attach a separate letter)

6. Please indicate your overall evaluation of the applicant

Strongly Recommended

Recommended

Recommended with Reservation

Not Recommended

Signature of the Referee:

Date: