

# UNIVERSITY OF PORT HARCOURT



Centre for Medical Research and Training  
(CENMERT)  
College of Health Sciences

No:.....

## REFEREE FORM

2018/2019 SESSION

No: *APPL/2018/CENMERT/PGD/MED ED/.....*

1. Name of Candidate:

2. Course of Study:

3. Degree aimed at:

4. How long and in what capacity have you known the candidate? .....

.....  
Comment on the candidate's ability with special reference to intelligence, judgement, imaginative thought and capacity for sustained work at the graduate level.....  
.....

5. Do you consider the candidate's ability for oral and written expression in English adequate for high-level work in an English-speaking University in a graduate program?

6. Comment freely on the Candidate.....  
.....

7. How do you rate the candidate? (Underline where applicable)

- Exceptionally Good
- Very Good
- Good
- Average
- Below Average

8. Name of Referee.....Phone No: .....

9. Address of Referee: .....email address .....

10.

Official Stamp

Signature: .....

Date.....

Completed Form should be returned to: Centre for Medical Research and Training(CENMERT), College of Health Sciences, University of Port Harcourt, PORT HARCOURT. Email: [cenmert@uniport.edu.ng](mailto:cenmert@uniport.edu.ng); Phone: 08092085222.